

Name
in
Full

Edward Stiles

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Cambridge	Dorchester			
Date of death	Month	Day	Years	Months	Days
1909	Feby	1	Age 22	—	—
Sex	Male	Color or Race	Colored	Birth place	Dorchester Co.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband	~		
Father's Name	Dane Stiles				
Mother's Maiden Name	Bonnie Johnson				
Name of person giving information	Dane Stiles				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

27

How long

6 months

Immediate Inhospita

How long

several weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

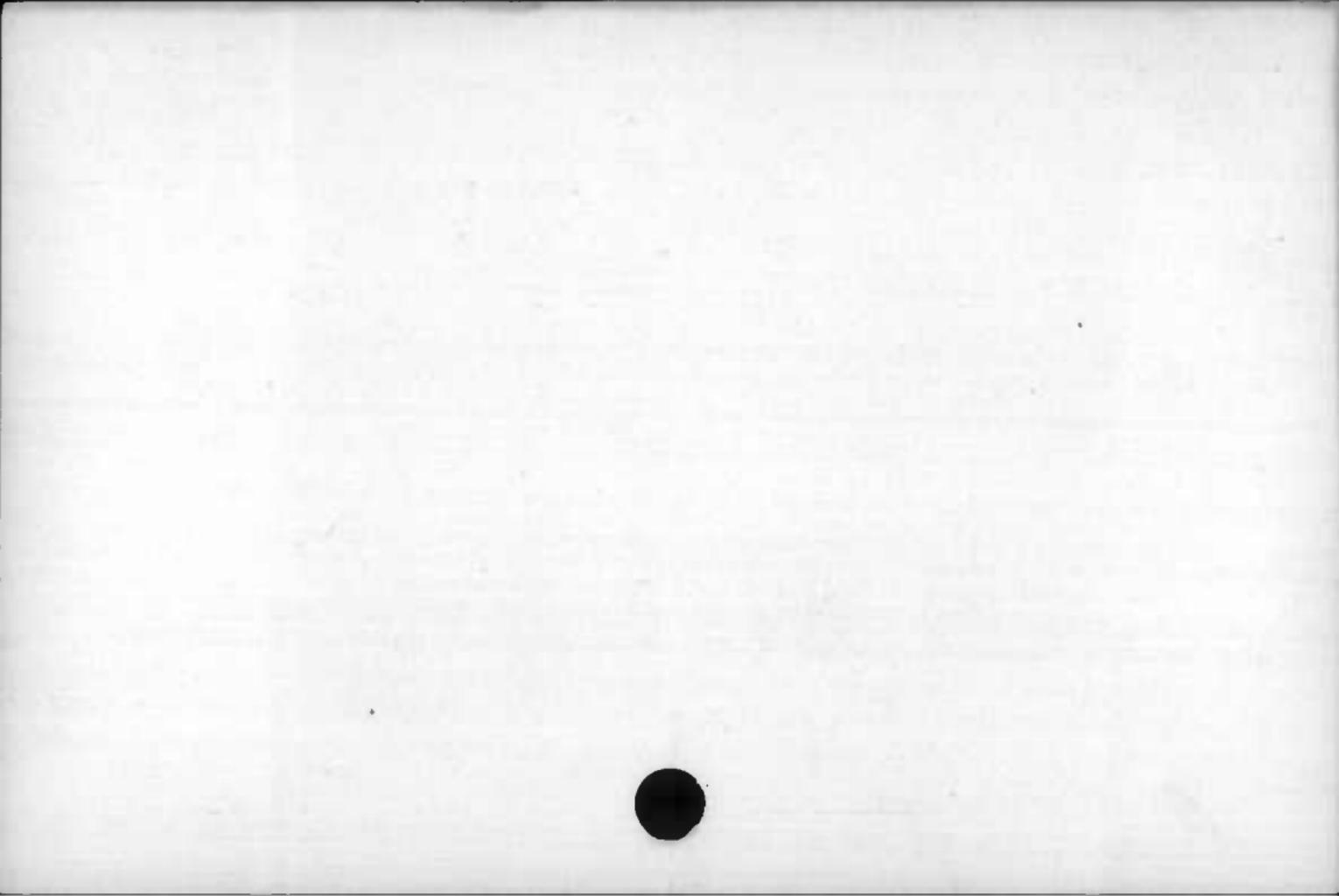
Address

J

Sexton P. Reynolds MD

Cambridge Md.

Accident or Suicide?



Name
in
Full

- Anderson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cambridge		Dorchester	
Date of death	Month	Day	Years
1909	July	3	0
Sex	Female	Color or Race	white
Occupation	Infant	Where Residing if not at place of death	
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	John T. Anderson	Father's Birthplace	Bivalle Meconico Co
Mother's Maiden Name	Ida Green	Mother's Birthplace	Cambridge Father
Name of person giving Information	John T. Anderson	How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Bronchitis Pneumonia

How long
2 or 3 weeks

Immediate Cerebral Meningitis

How long
4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

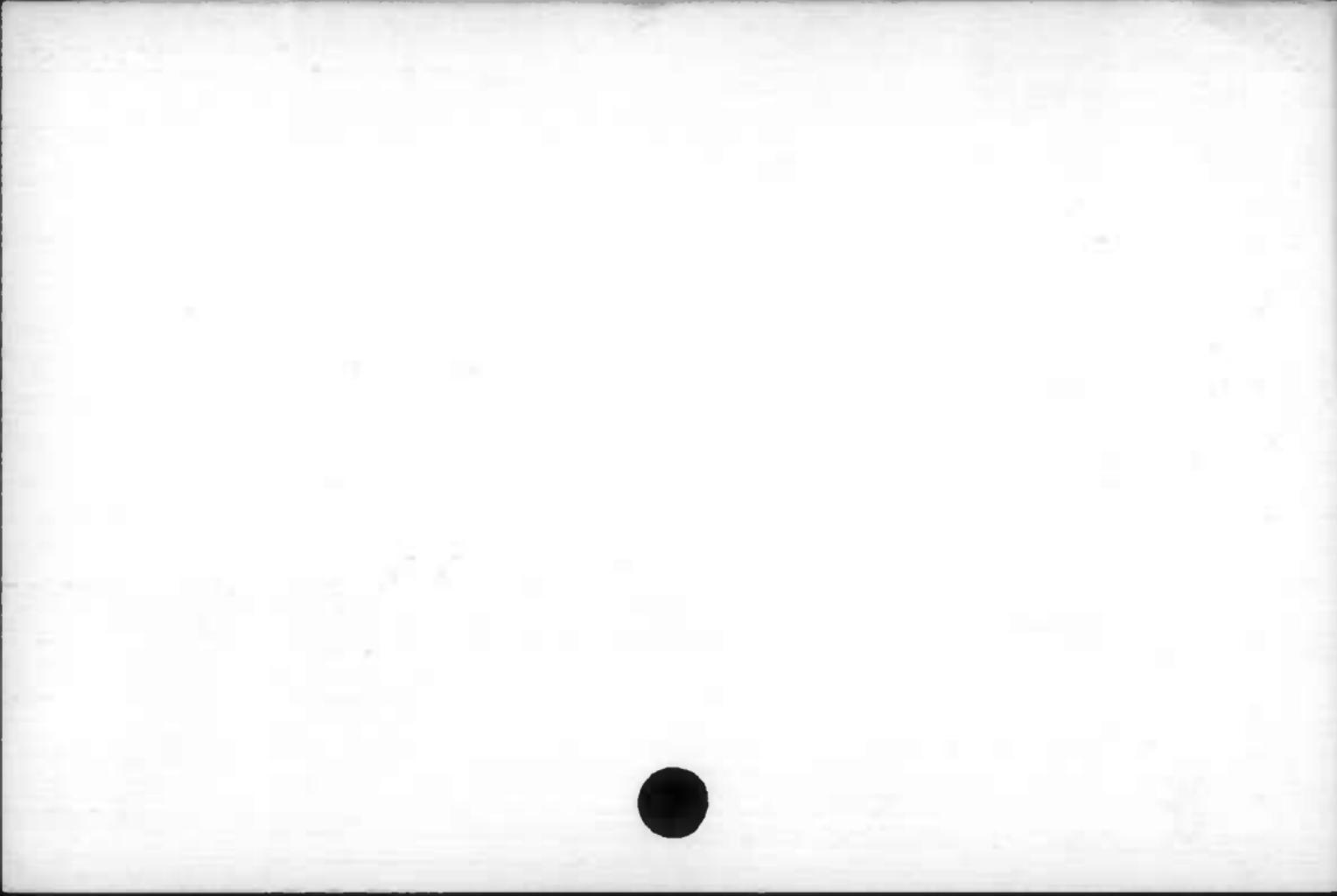
Guy Steele

J

Address

Cambridge Md.

Accident or Suicide



Name
in
Full

Hilbert & Bramble

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Bishop Head District no 10	Dorchester	Month	Years	Days
Date of death	1909 February 9	Age	6		
Sex	female	Color or Race	white	Birth-place	Bishop Head
Occupation	none	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name or Wife or Husband	Father's Birthplace	Bishop Head	
Father's Name	Thomas H Bramble	Mother's Birthplace	Bishop Head		
Mother's Maiden Name	Hannie J Bramble	How related to deceased	mother		
Name of person giving information	Hannie J Bramble				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

not known

179

How long

at night

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

J

Signature of Physician

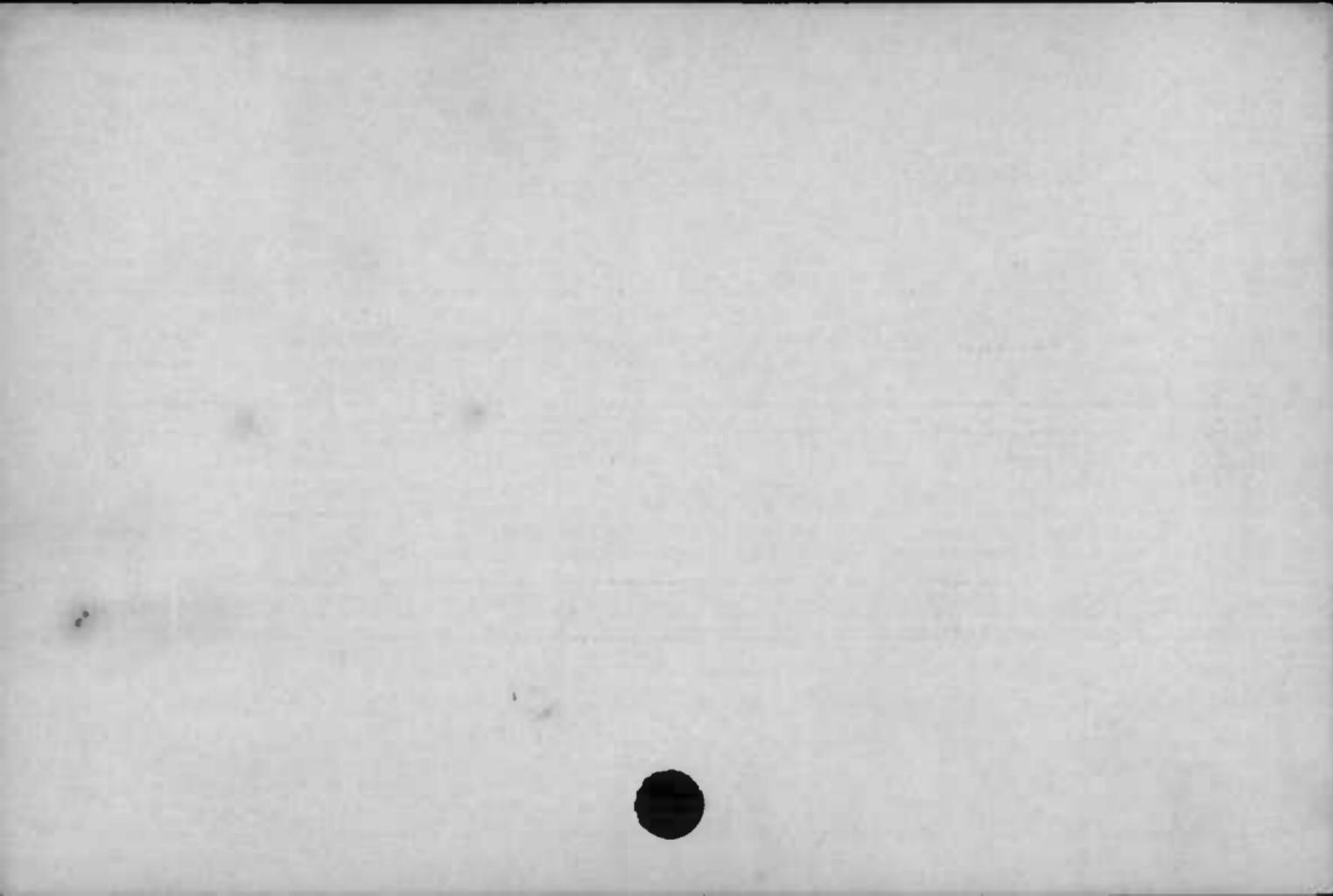
Wm H Patchett Jr

Address

Bishop Head on d

No physician in attendance

Accident or Suicide?



Name
in
Full

Wm A. Brannock

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Feb.	2	65-	-	-
Sex	Male	Color or Race	White	Birth-place	Md
Occupation	Sailor	Where Residing if not et place of death ✓			
Married, Single or Widowed	Married	Name of Wife, or Husband	Addie G Brannock	Father's Birthplace	Md
Father's Name	James Brannock			Mother's Birthplace	Md
Mother's Maiden Name	Elizabeth Woolford			How related to deceased	Daughter
Name of person giving Information	Blanche Brannock				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis Pneumonia

92

Immediate

Bronchitis

How long

Winter days

Are the name, age, sex, color, date and place correctly given above?

Yes

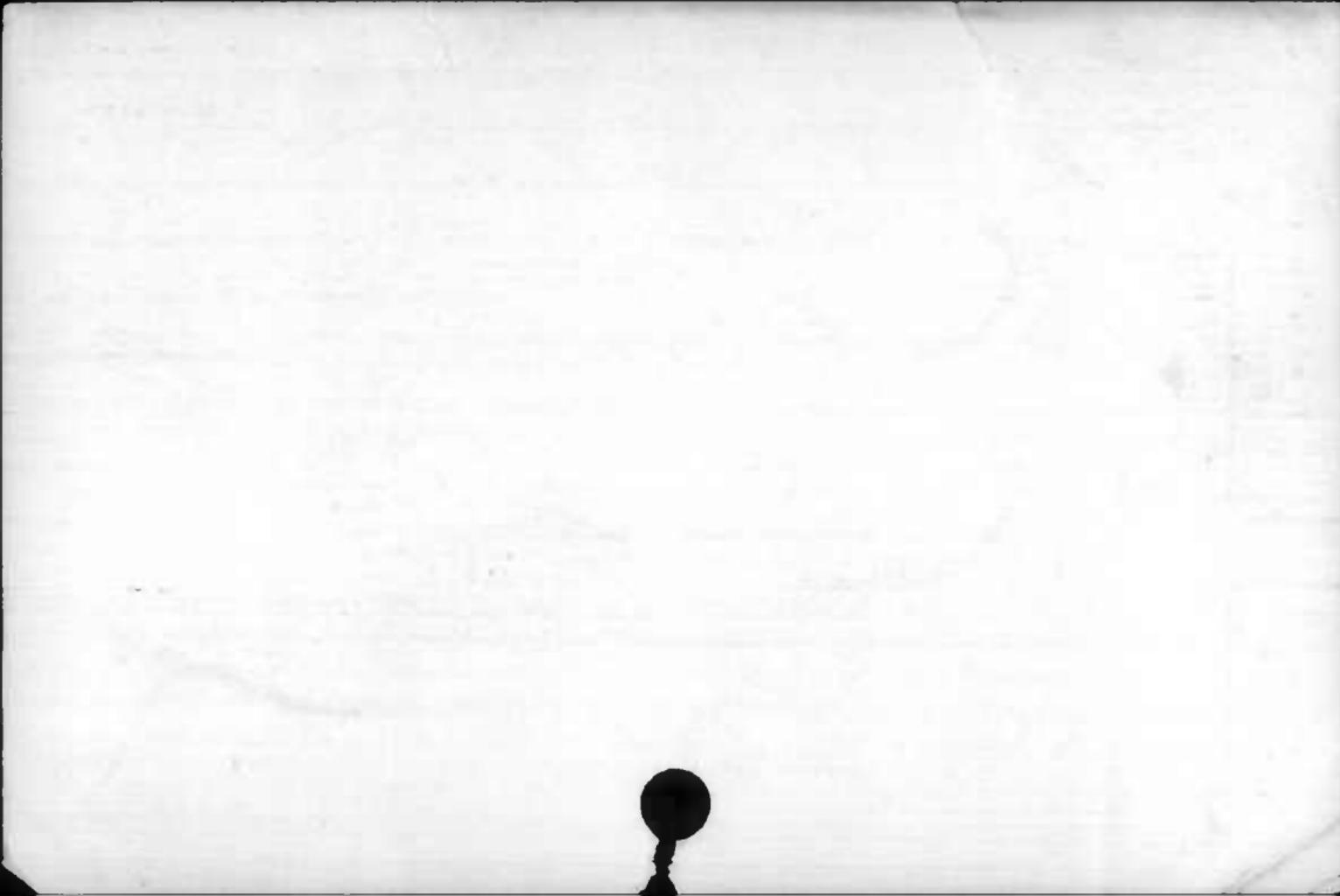
Signature of Physician

Address

J. Carroll

Lambidge Md.

Accident or Suicide



Name
in
Full

Irvine Brown

CERTIFICATE OF DEATH

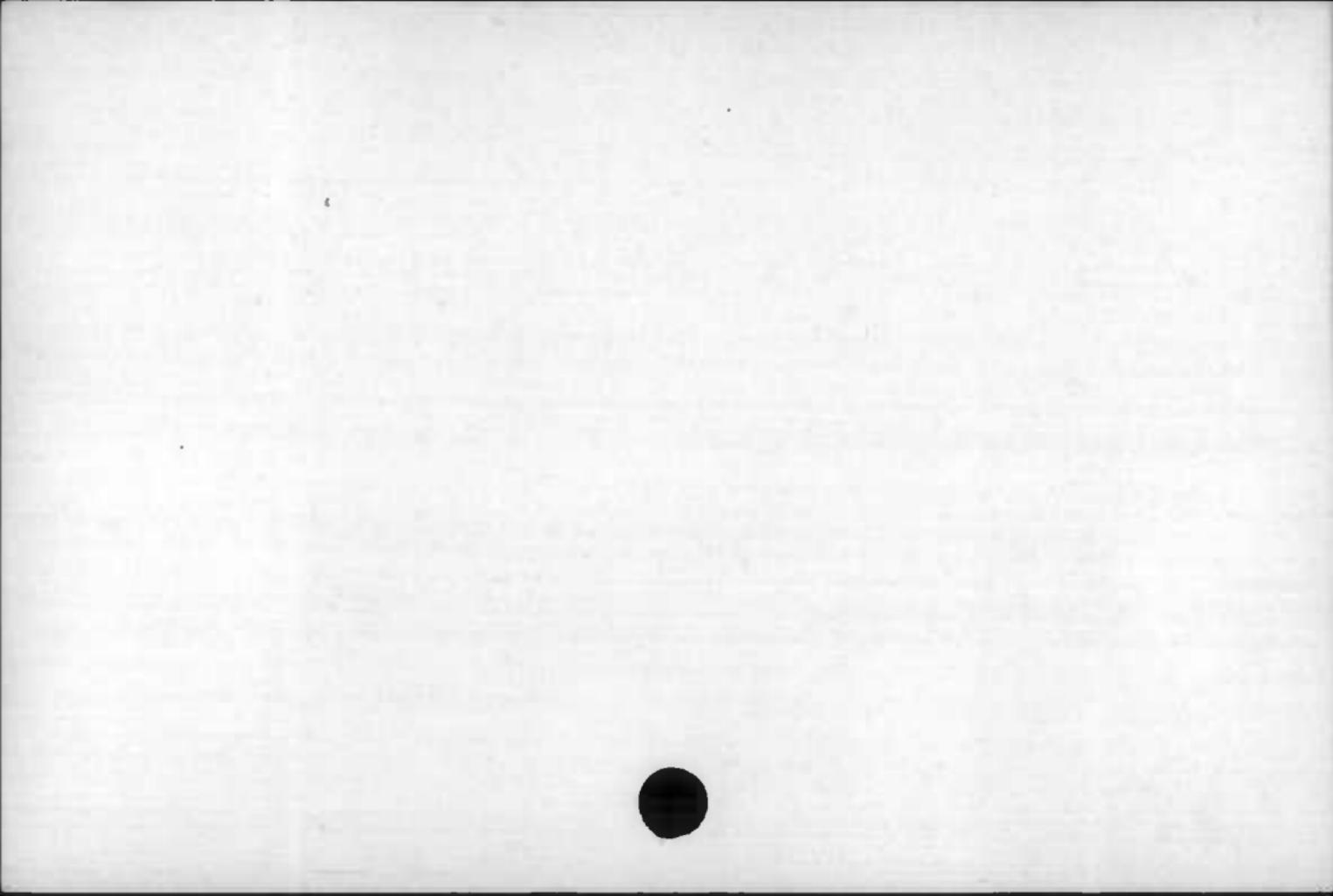
To BE ANSWERED BY
NEAREST FRIEND

Town	County	
Died at E n market depot	Dorchester	
Date of death 1909	Month Feb	Day 9
Age 26	Years	Months 6
Sex Male	Color or Race Black	Birth-place E n market depot
Occupation none	Where Residing if not at place of death Same place	
Married, Single or Widowed Single	Name of Wife or Husband none	
Father's Name unknown	Father's Birthplace unknown	
Mother's Maiden Name Rebecca Brown	Mother's Birthplace Balto	
Name of person giving information Samuel J Curdise	How related to deceased Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	9	How long
"		
Immediate Croup		How long .5 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Dr. Physician Wm J. Shellop	Address E n market 2nd
J		
Accident or Suicide?		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Brown

CERTIFICATE OF DEATH

Died at Cambridge

Town

County

MARYLAND

Date of death 1909

Month

Day

Years

Month

Days

July

13

Age —

—

—

Sex

Female

Color or Race

Colored

Birth-place

Cambridge

Occupation

None

Where Reiding if not
at place of death

Married, Single
or Widowed

Wife

Name of Wife or Husband

Father's Name

Samuel Brown

Father's Birthplace

Baltimore

Mother's Maiden Name

Mary Scirme

Mother's Birthplace

Baltimore

Name of person giving
Information

Samuel Brown

How related
to deceased

Father

CAUSES OF DEATH

Primary

still Born

8

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

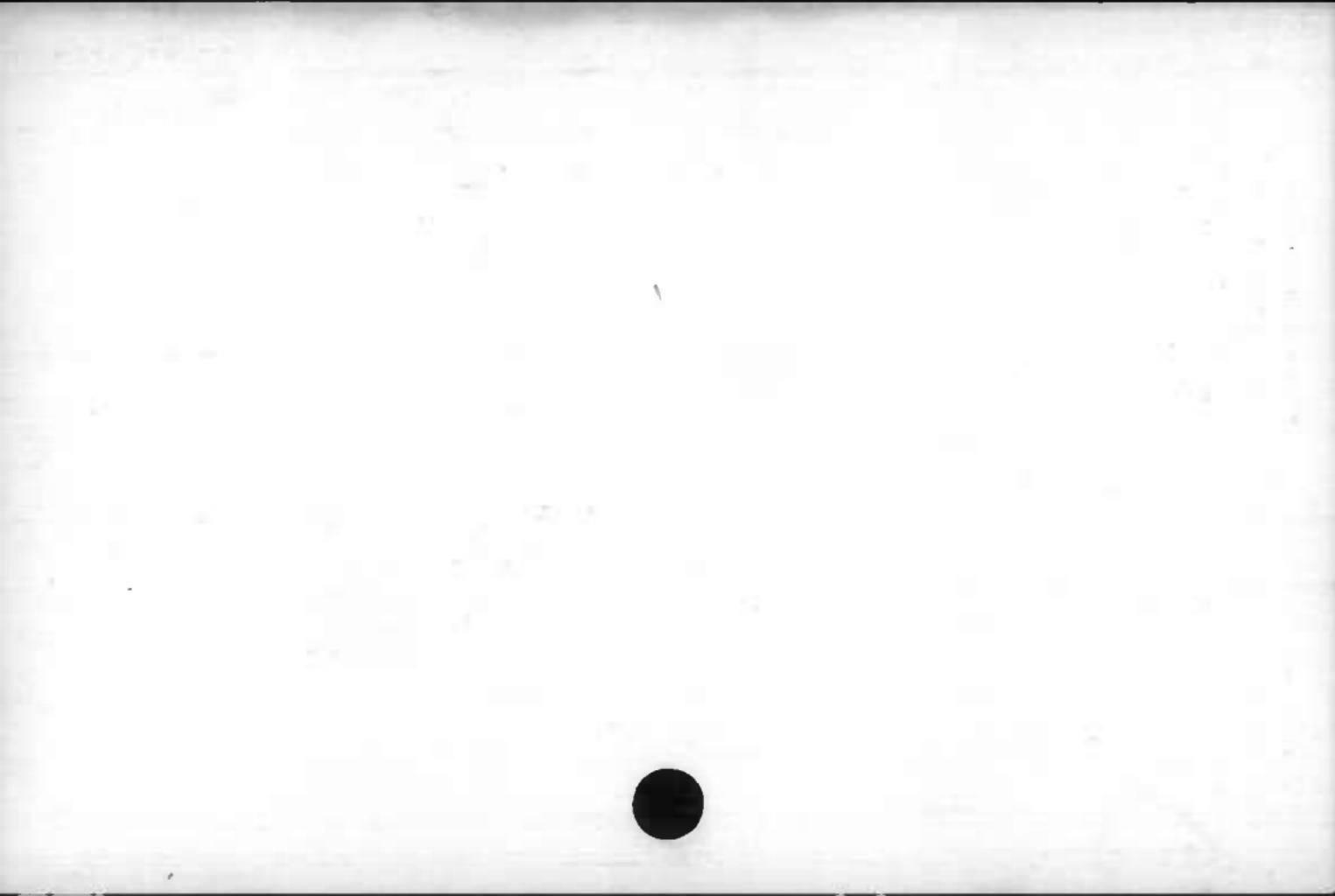
Signature of
Physician

Address

No physician in attendance
Samuel Brown Midwife
Cambridge

Accident or Suicide

General Insurance



Name
in
Full

John Wesley Dean

CERTIFICATE OF DEATH

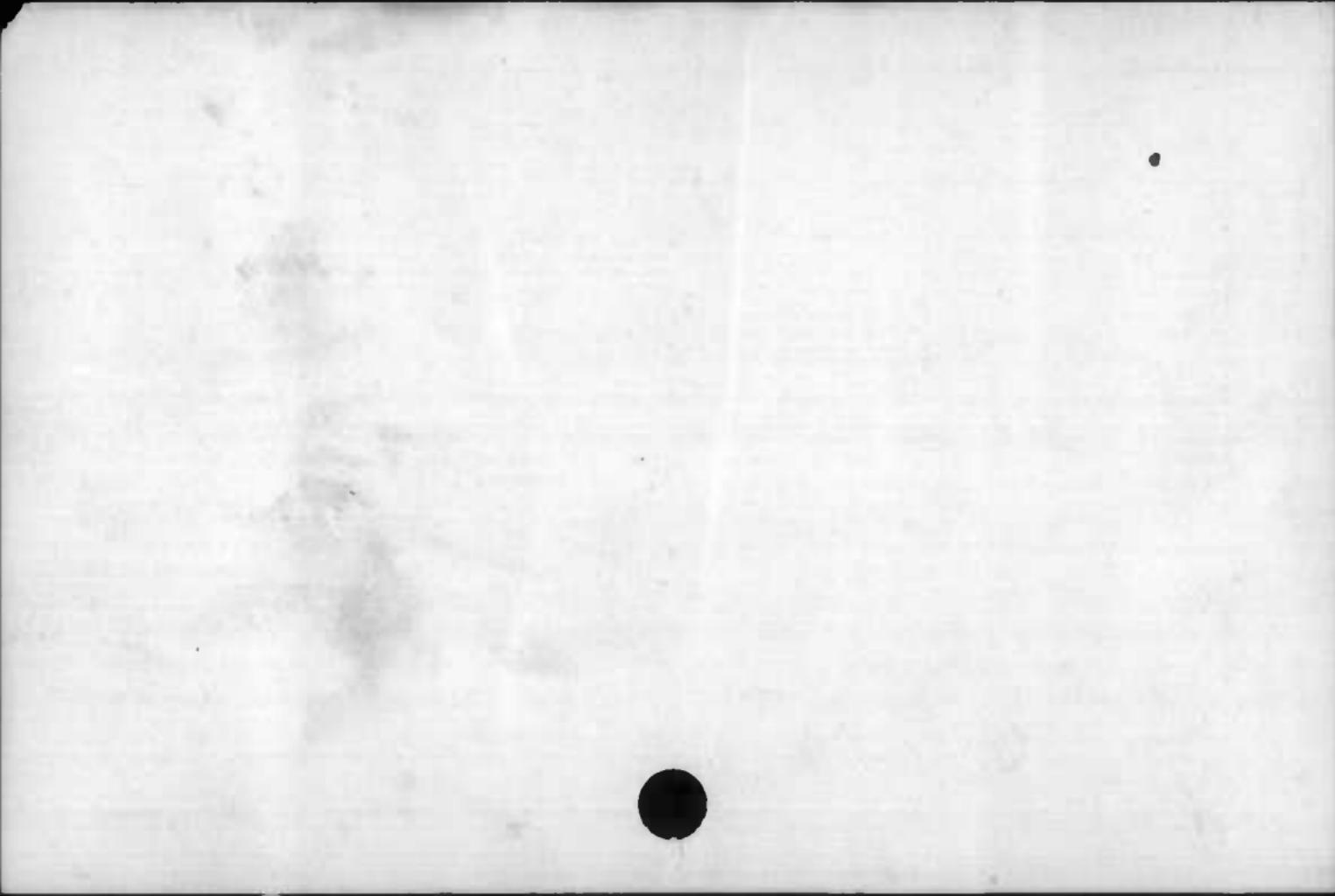
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1909	Feb.	Years	Months	Days	
Date of death	Month	Day	Age	72.	
Sex	Male	Color or Race	white	Eleven	Two
Occupation			Where Residing if not at place of death	Caroline Co	
Married, Single or Widowed	married	Name of Wife or Husband	Margaret E Dean		
Father's Name	Jefferson Dean		Father's Birthplace	Unknown	
Mother's Maiden Name	Cathleen Walker		Mother's Birthplace	Unknown	
Name of person giving Information	W. W. Dean		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia		How long	93
Immediate	Heart Failure		How long	6 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician		
	J	Address	E. C. Thompson Hancock Md	
Accident or Suicide?				



Name
in
Full

Hester Dinz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lakes District no 5</u>		Town	County <u>Dorchester</u>		MARYLAND		
Date of death <u>1909</u>	Month <u>February</u>	Day <u>1</u>	Years <u>82</u>	Age	Months <u>—</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Todd Hill</u>					
Occupation <u>House work</u>			Where Residing if not at place of death				
Married, Single or Widowed	widow	Name of Wife or Husband		<u>George Dinz</u>			
Father's Name	<u>John E Ebens</u>			Father's <u>dorchester county</u> Birthplace <u>and</u>			
Mother's Maiden Name	<u>Sarah A Slacum</u>			Mother's <u>dorchester county</u> Birthplace <u>ma</u>			
Name of person giving Information	<u>A J Kinnin</u>				How related to deceased <u>son</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Heart trouble</u>		(79)	How long <u>3 days</u>
Immediate				How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>		Signature of Physician	
			Address	<u>Wm H Pitchett Jr</u>
8				<u>Bishop's Head md</u>
Accident or Suicide?				



Name
in
Full

Matti J. Foster
Golden Hill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

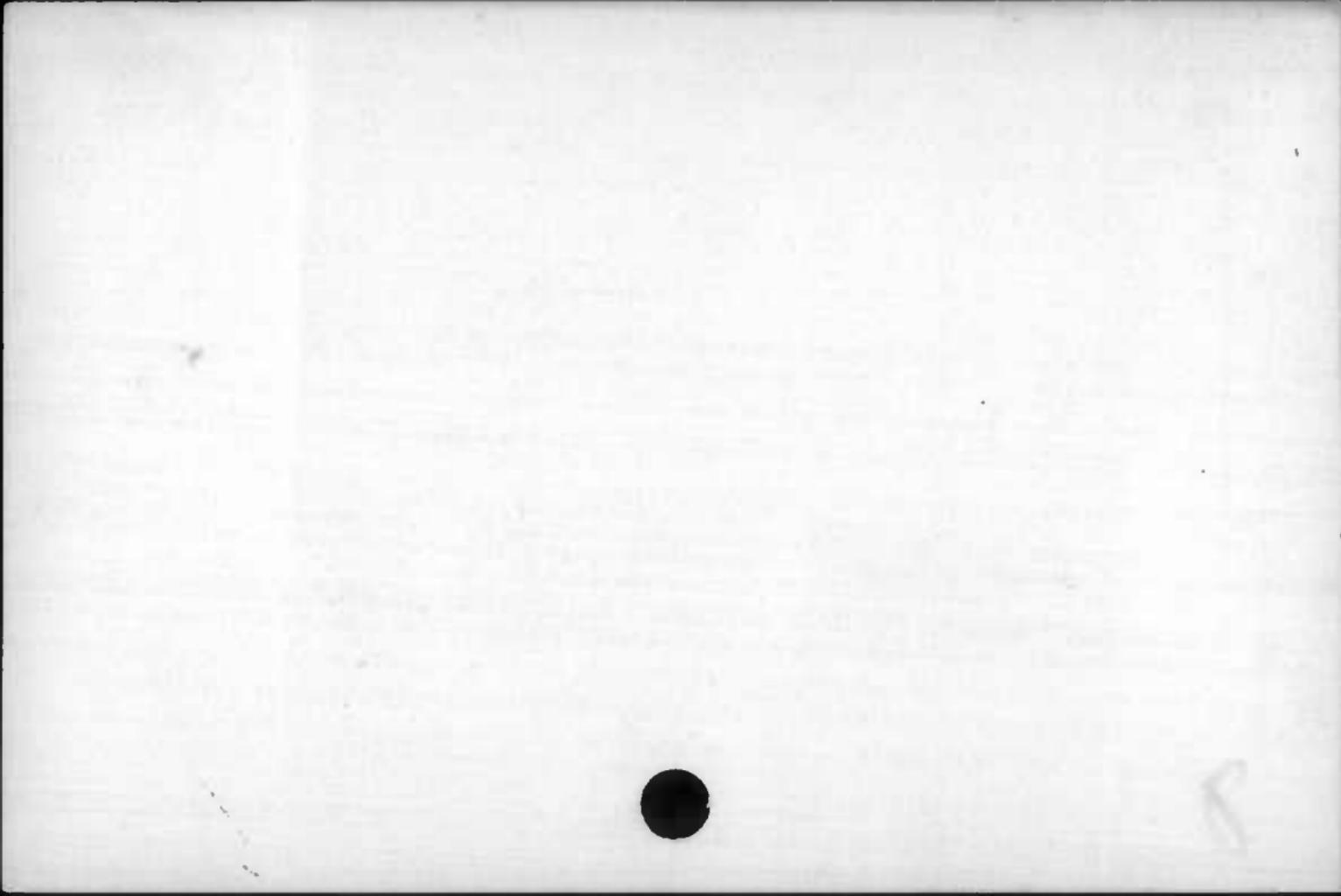
Died at	Town	County	MARYLAND		
Died at	Golden Hill	Orechster	Months	—	Days
Date of death	Month	Day	Years	—	—
1909	Feb.	12	Age	22	
Sex	Female	Color or Race	Black	Birth-place	Md.
Occupation	Housewife				
Married, Single or Widowed	Married	Name of Wife or Husband	James Foster		
Father's Name	John H. Kean	Father's Birthplace	Md.		
Mother's Maiden Name	Matti Kean	Mother's Birthplace	Md.		
Name of person giving Information	John H. Kean	How related to deceased	Father		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis, Pulmonary		How long	8 months
Immediate	Hemorrhage		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	J. Carroll	
		Address	Laybridge Md	
8				
Accident or Suicide?				



Name
in
Full

Caroline Fruiganian

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	County	MARYLAND			
Cambridge	Baltimore	MD			
Date of death 1909	Month Feb	Day 9	Years Age 56	Months —	Days —
Sex Female	Color or Race Black	Birth- place Cambridge			
Occupation House Wife	Where Reiding if not at place of dash	Cambridge			
Married, Single or Widowed Married	Name of Wife or Husband Nathan Fruiganian	Father's Birthplace Dont-Know			
Father's Name Dont-Know	Mother's Birthplace Dont-Know				
Mother's Meiden Name Dont-Know	How related to deceased a wife				
Name of person giving Information Mag Lankford					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary

Paralysis

How long

a week

Immediate

No

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

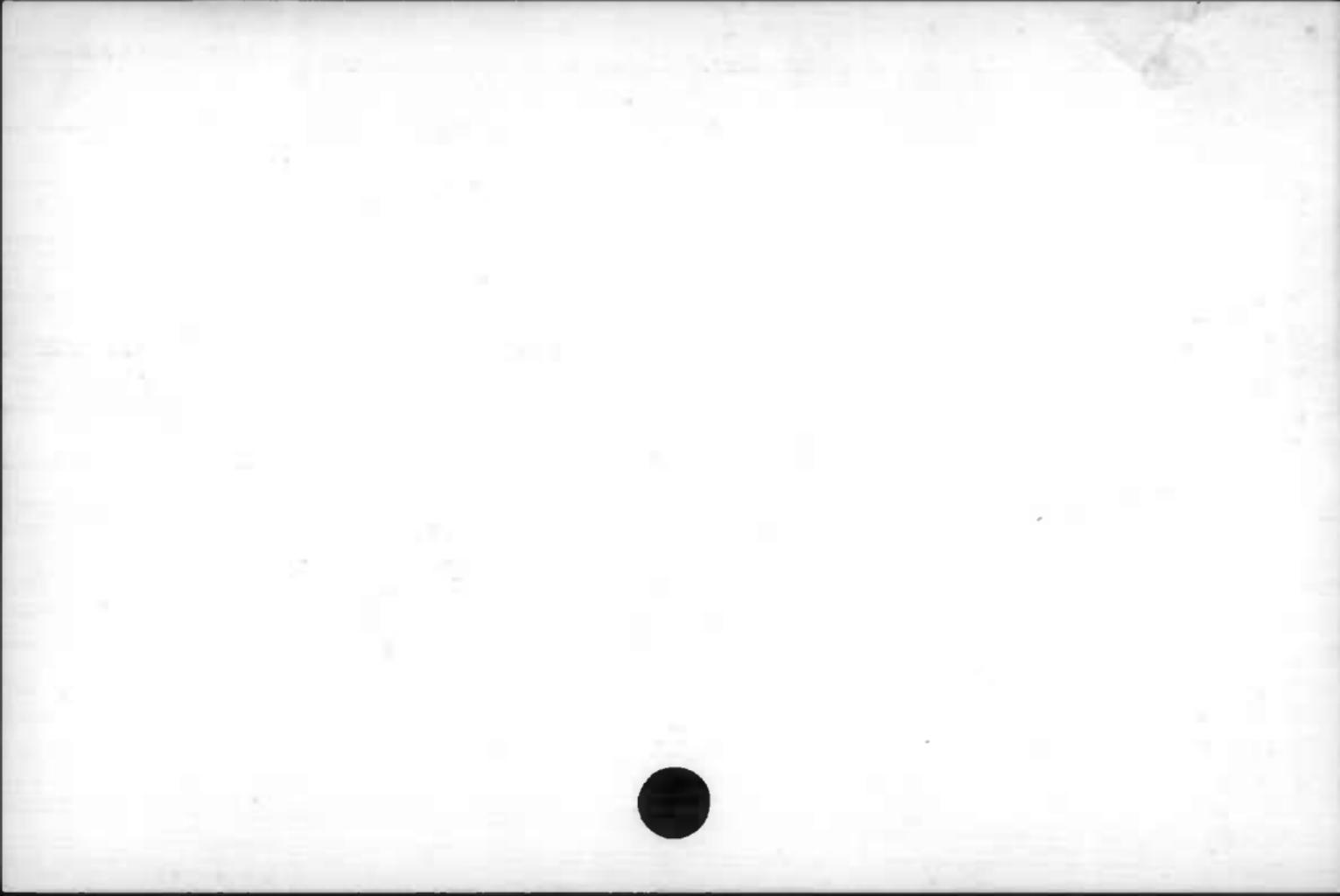
No physician

Yes.

Address

General Believe
Justice of the Peace

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Maudie M Griffith

CERTIFICATE OF DEATH

Died at <u>Hagerstown</u>		Town		County		MARYLAND	
Date of death 1909	Month 2	Day 16	Years 16	Age 16	Months 7	Days 27	
Sex female	Color or Race	erlute		Occupation	Birth-place	Der 60	
Married, Single or Widowed					None		
Name of Wife or Husband	None				Father's Birthplace	Der 60	
Father's Name	Dowell Griffith				Mother's Birthplace	Der 60	
Mother's Maiden Name	Montlin Hubbard				How related to deceased	Father	
Name of person giving Information	Dowell Griffith				27		
CAUSES OF DEATH							
Primary	Measles				How long		
Immediate	Tuberculosis				How long		
Are the name, age, sex, color, date and place correctly given above?			yes	Signature of Physician	G Roger Myers		
				Address	Hagerstown Md		
Accident or Suicide?							

J



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine Holliday

Town

County

Died at New Berlin

MARYLAND

Date of death 1909 Month Feb Day 20 Years 2 Months 2 Days

Sex

Female

Color or Race

Col

Birth-Place

New Berlin

Occupation

Home

Where Residing if not
at place of deathMarried, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Unknown

Father's Birthplace

Mother's Maiden Name

Corrie S Holliday

Mother's Birthplace

Name of person giving
Information

Sam Boies

How related
to deceased

179

How long

PHYSICIAN
OR CORONER

Primary

Immediate

Unknown

Are the name, age, sex, color, date
and place correctly given above?

Yes

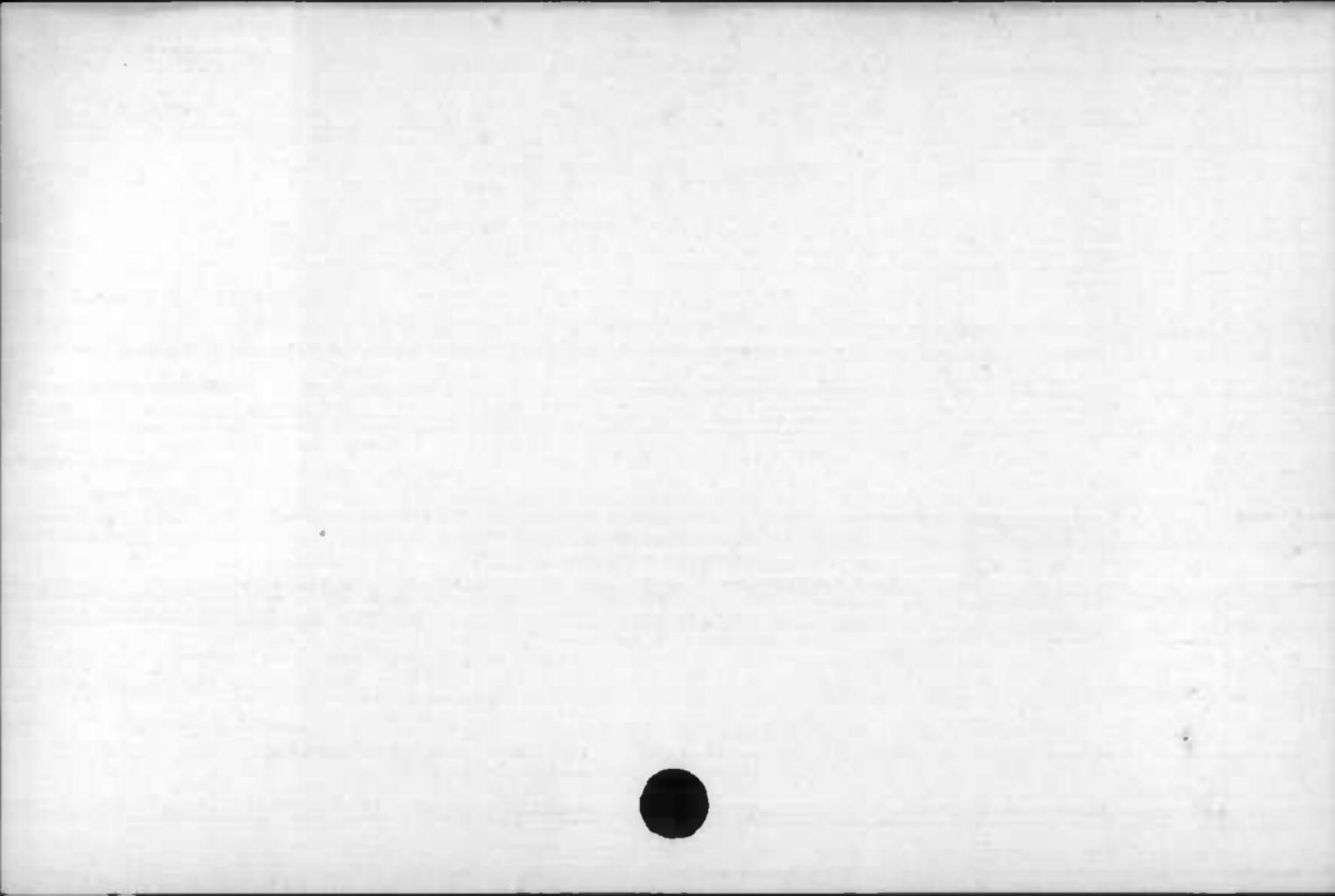
Signature of
Physician

None in attendance

Address

R. Hastings J.P.
Towson Md.

Accident or Suicide?



Name
in
Full

Lustus Hopkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

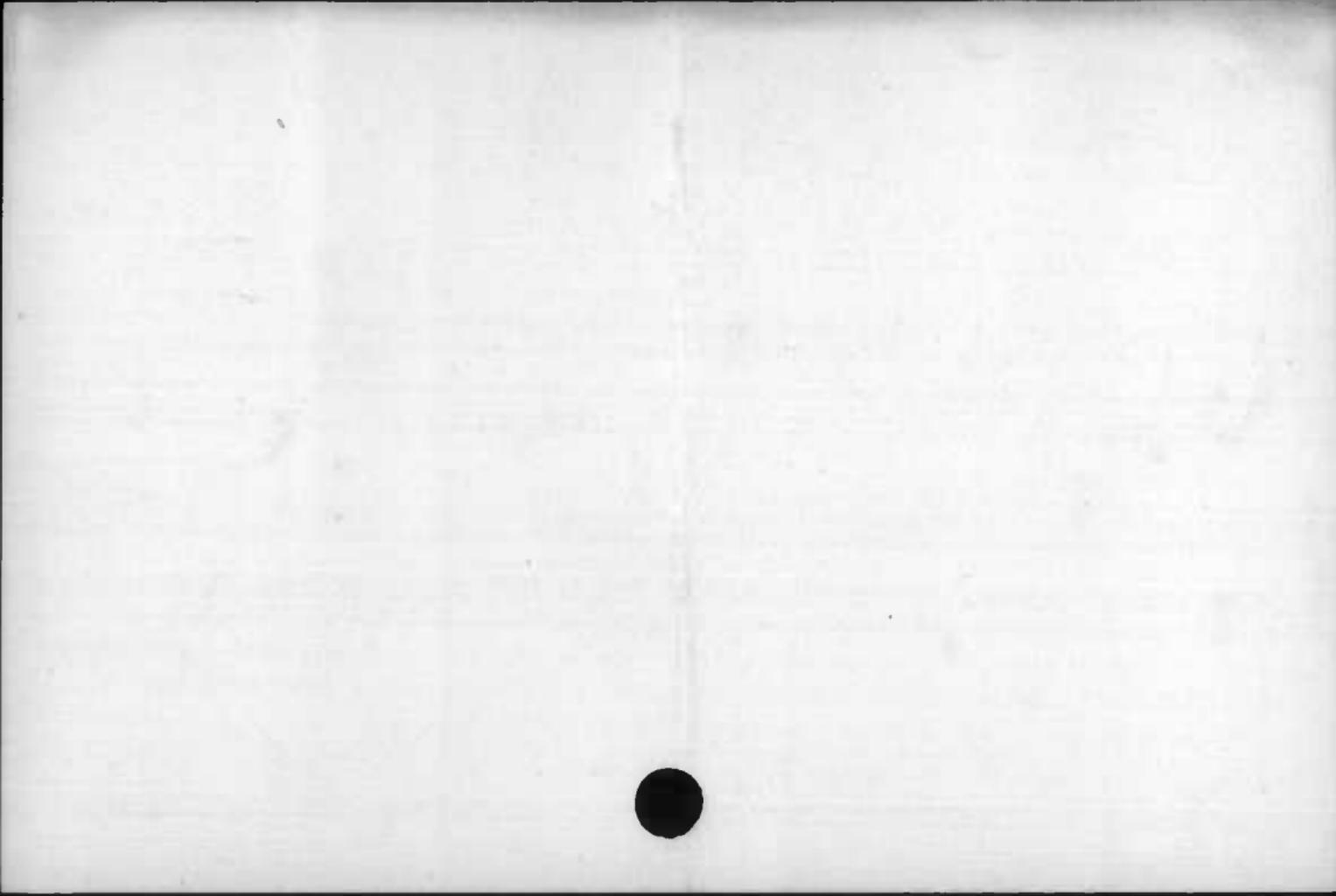
Died at <u>New Cambridge</u>		Town	<u>Dorchester</u>		County	<u>MARYLAND</u>	
Date of death	1909	Month Feb.	Day 22	Years —	Months 7	Days 20	
Sex	<u>Male</u>	Color or Race	<u>Blk.</u>		Birth-place	<u>Md.</u>	
Occupation	<u>Infant</u>		Where Residing if not at place of death			—	
Married, Single or Widowed	<u>Single</u>	Name of Wife or Husband					
Father's Name	<u>Solomon Ophir</u>		Father's Birthplace	<u>Md</u>			
Mother's Maiden Name	<u>Thamire Hopkins</u>		Mother's Birthplace	<u>Md.</u>			
Name of person giving Information	<u>Walter Height</u>		How related to deceased	<u>Step-Grandfather</u>			

CAUSES OF DEATH

93

POLICIAN
OR CORONER

Primary	<u>Pneumonia</u>		How long	<u>Can't say-</u>
Immediate	<u>Heart Failure</u>		How long	<u>3 minutes</u>
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician	<u>E. E. Wolff</u>	
		Address	<u>New Cambridge, Md.</u>	
Accident or Suicide?				



Name
in
Full

Infant, Horsman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Golden Hill		Orichester			
Date of death	Month	Day	Years	Months	Days
1909	Feb.	23	Age	—	3
Sex	Female	Color or Race	Black	Birth-place	Md
Occupation	Where Residing if not at place of death			<input checked="" type="checkbox"/>	
Married, Single or Widowed	<input checked="" type="checkbox"/>				
Father's Name	Eliza Horsman			Father's Birthplace	Md
Mother's Maiden Name	Alice Lomish			Mother's Birthplace	Md
Name of person giving Information	Eliza Horsman			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Umbilical stoma

108

How long

3 days

Immediate

Hemorrhage

How long

2 hours

Are the name, age, sex, color, date and place correctly given above?

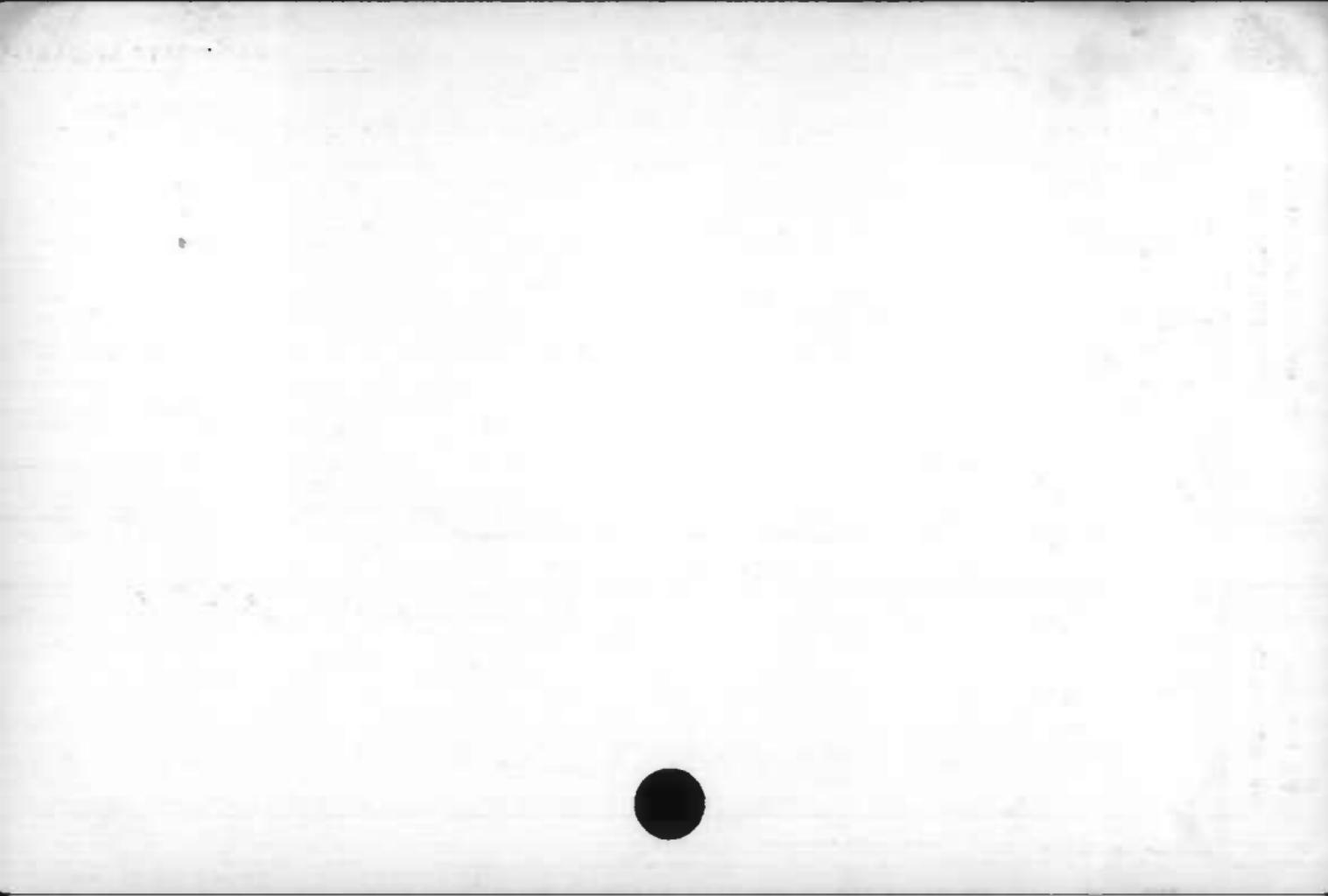
Signature of Physician

Address

O. J. Ferrell

Cambridge, Md.

Incident or Suicide



Name
in
Full

Albert R Hughes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cambudge		Baltimore Co	
Date of death	Month	Day	Years Months Days
1909	Feb	4	Age 39 11 15 -
Sex	Male	Color or Race	White
Occupation	Labon	Where Residing if not at place of death	Cambudge
Married, Single or Widowed	Single	Name of Wife or Husband	Singh
Father's Name	C.C. Hughes	Father's Birthplace	Cambudge
Mother's Maiden Name	Margill A Bradshaw	Mother's Birthplace	
Name of person giving Information	R.M. Hughes	How related to deceased	Brother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Rheumatism Secondary-Pneumonia

Immediate Embolus.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

E. E. Wolff

Address
Cambridge, Md

J

Accident or Suicide

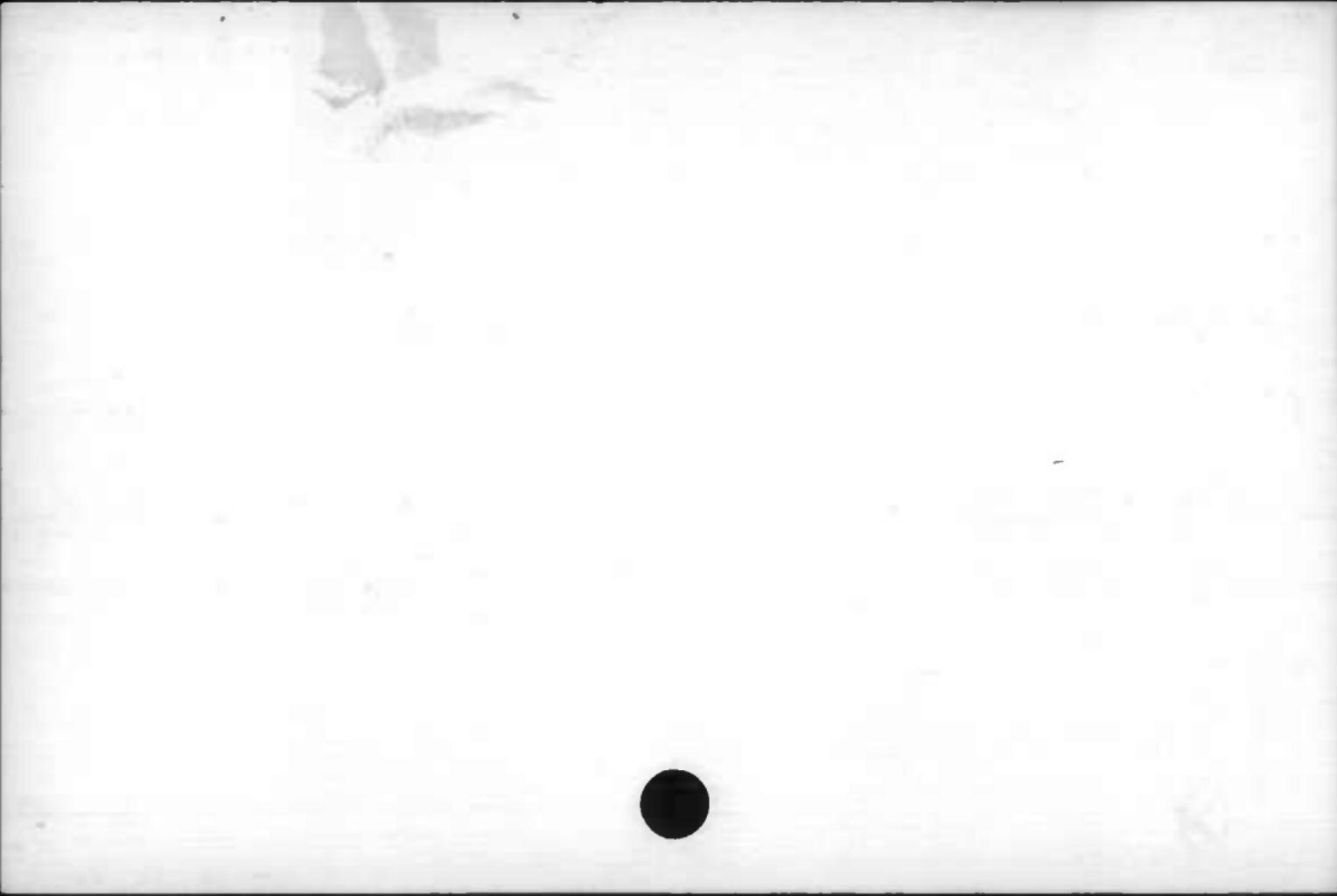
47

How long

4 weeks

How long

Very short.



Name
in
Full

Sarah A Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month	Day	Years	Months	Days
Sex	female	Color or Race	white	Birth-place	Todd mill Don co m d	
Occupation	house work		Where Residing if not at place of death			
Married, Single or Widowed	married	Name of Wife or Husband	John S Johnson	Father's Birthplace	Lakes mill Don co m d	
Father's Name	Henry Busby			Mother's Birthplace	Lakes mill	
Mother's Maiden Name	cathrius willis			How related to deceased	Husband	
Name of person giving Information	John S Johnson					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular disease heart

79

How long

Immediate

How long

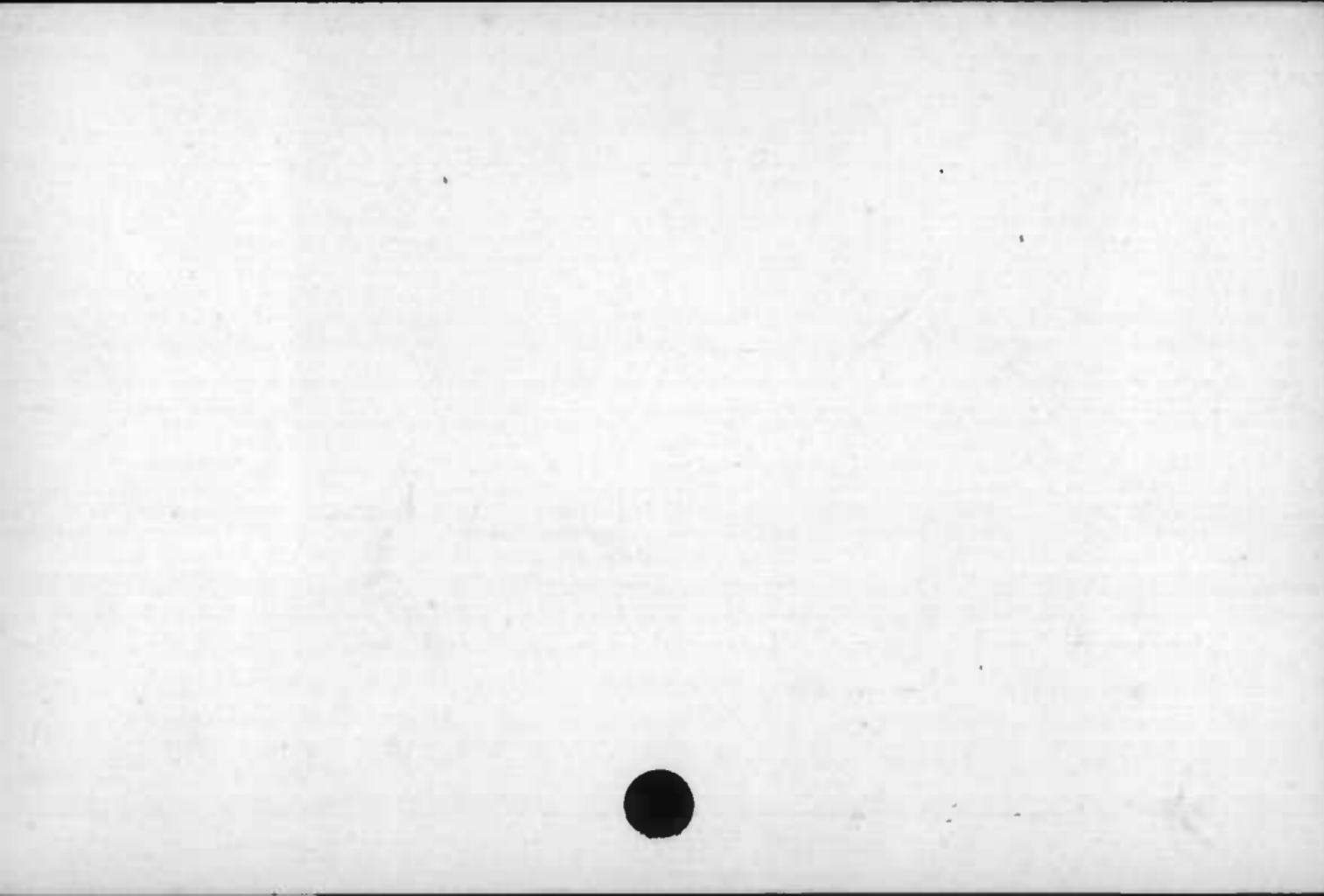
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Eliza Jones.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Year
Sex	Color or Race	Age	Montha
Occupation	Whare Reading if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
Father's Name	Dorchester		
Mother's Maiden Name	Mariah Stanley		Mother's Birthplace
Name of person giving Information	How related to deceased		
CAUSES OF DEATH			
Primary	Dropsy -		
Immediate	Heart failure		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	How long
yes		H. F. Nichols M.D. E. N. Market, Mid-	6 months

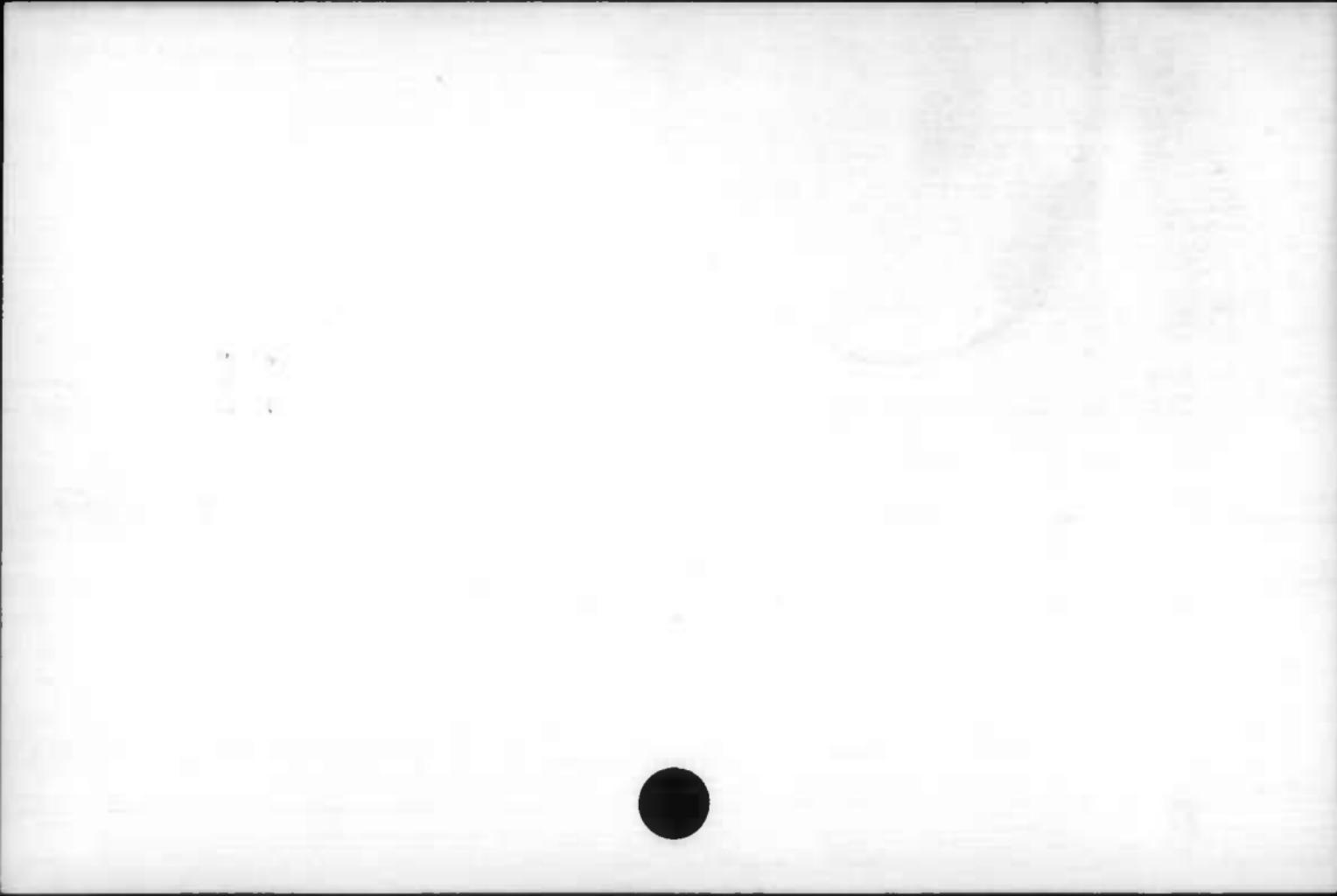
177

J
Is the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address



Name
in
Full

Monroe Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Koakley</i>		Town	County <i>Dorchester</i>		MARYLAND	
Date of death	1909	Month <i>2</i>	Day <i>10</i>	Age	Years <i>15</i>	Months <i>15</i>
Sex	Male	Color or Race	<i>Colored</i>		Birth- place	<i>Dorchester</i>
Occupation	<i>None</i>	Where Residing if not at place of death			<i>Same place</i>	
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband	<i>Neither</i>		Father's Name	<i>unknown</i>
Father's Name	<i>don't know</i>				Mother's Name	<i>unknown</i>
Mother's Maiden Name	<i>Maggie Jones</i>				Name of person giving Information	<i>" Friend</i>
<i>Schuyler Mitchell</i>				How related to deceased		

PHYSICIAN
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date
and place correctly given above ?

J

Accident or Suicide

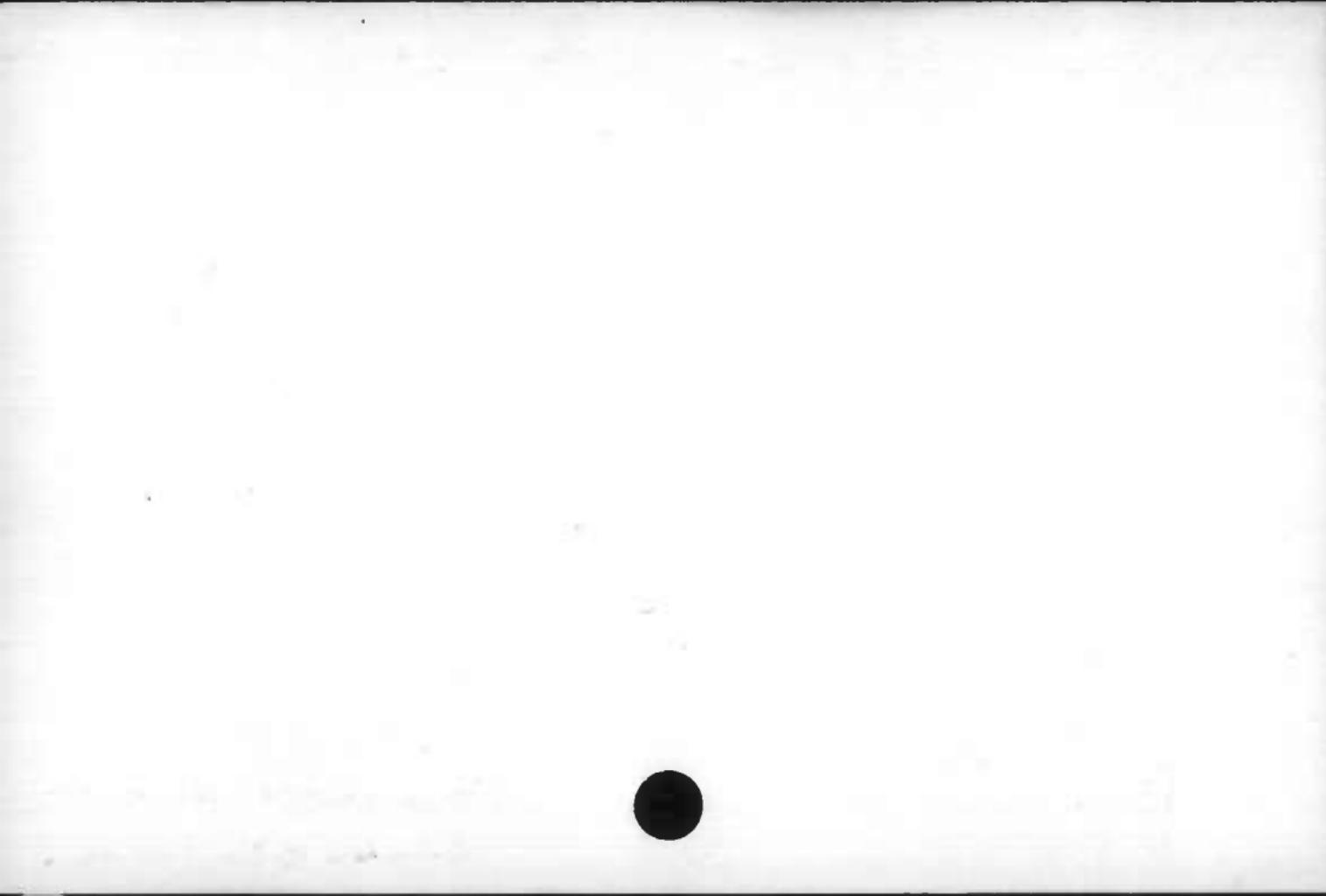
CAUSES OF DEATH

179

Signature of
Physician

Address

No Physician *Wm J Abdell*
assist
Eastern Marketend.



Name
in
Full

Hane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	John A. Hane				
Mother's Maiden Name	Margaret A. Jones				
Name of person giving information	John A. Hane				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still Born

(8)
How long

at birth

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

No physician

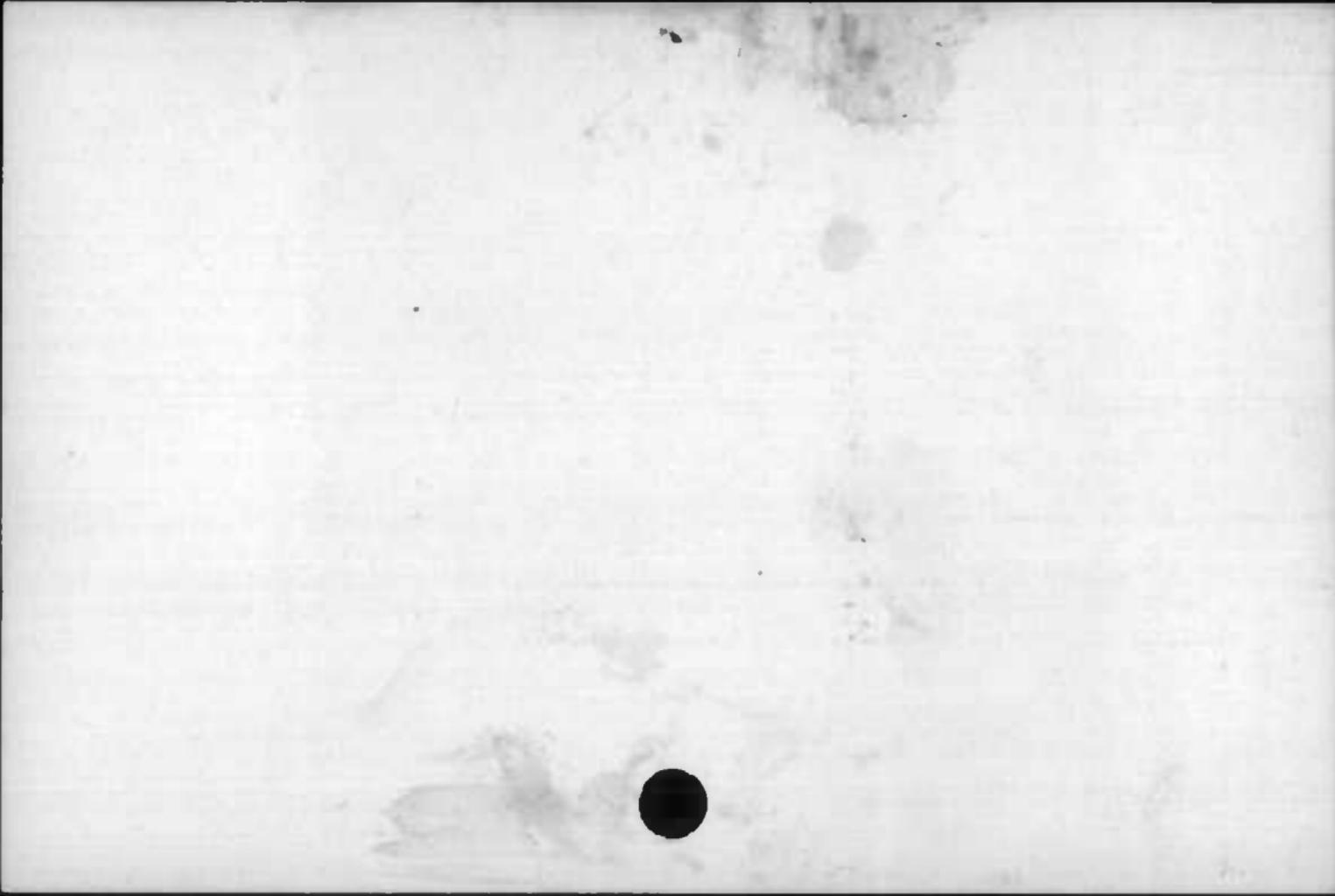
J

yes

Address

Gemma Gullivare,
Justice of the Peace.

Accident or Suicide?



Name
in
Full

C. Rosevell - Legal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
East New Market		Dorchester			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	2	16	3	3	9	
Sex	Male	Color or Race	leolord			
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed	single	Name of Wife or Husband				
Father's Name	W. H. Leagle					
Mother's Maiden Name	Sallie Brinkings					
Name of person giving Information	W H Leagle					
CAUSES OF DEATH						
Primary	93					
Immediate	How long					
Pneumonia	Six days					

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

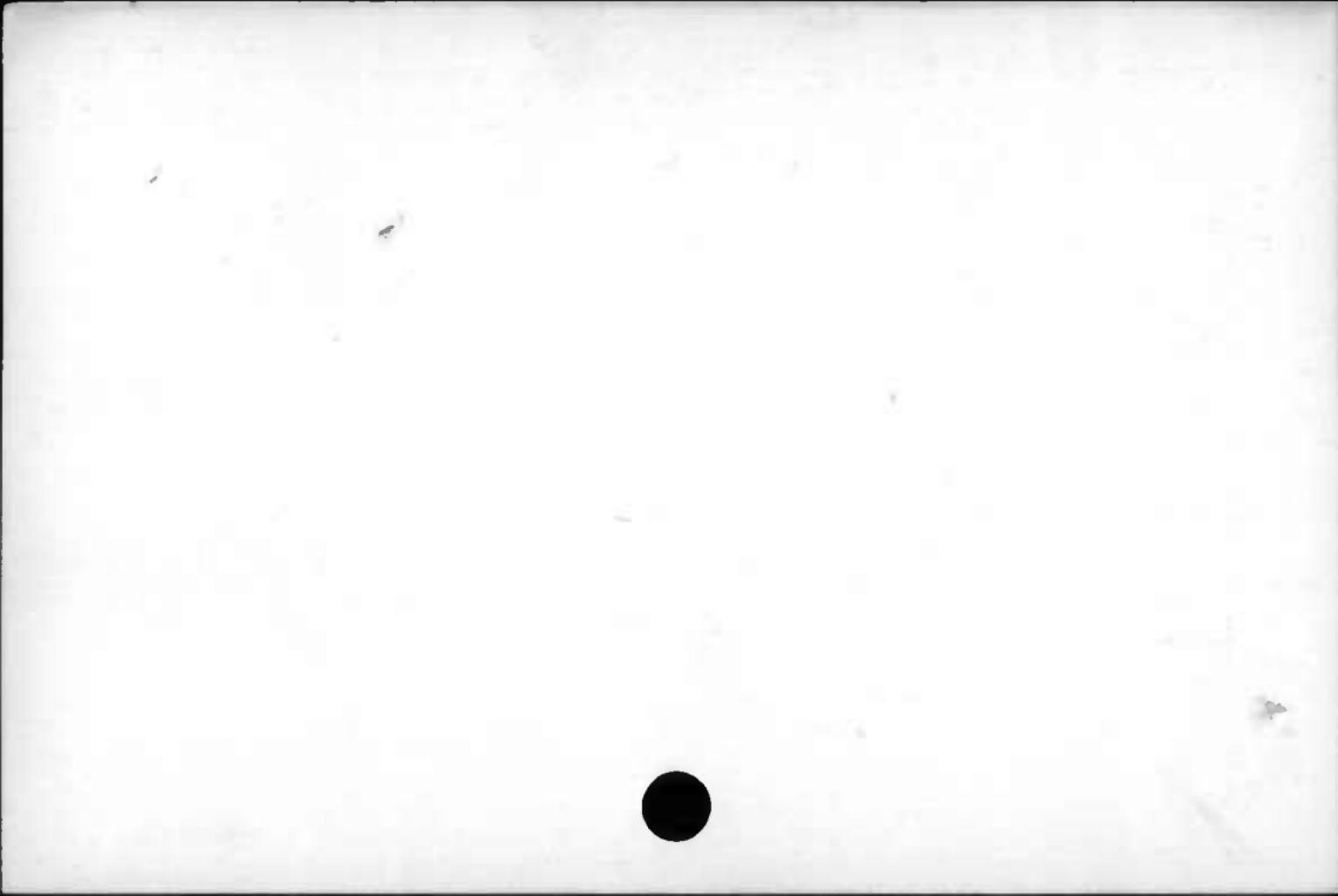
yes

Signature of Physician

Address

H. F. Nicolls Dr. M.
E. N. Market, Md.

Suicide



Name
in
Full

Alfred M. Lewis

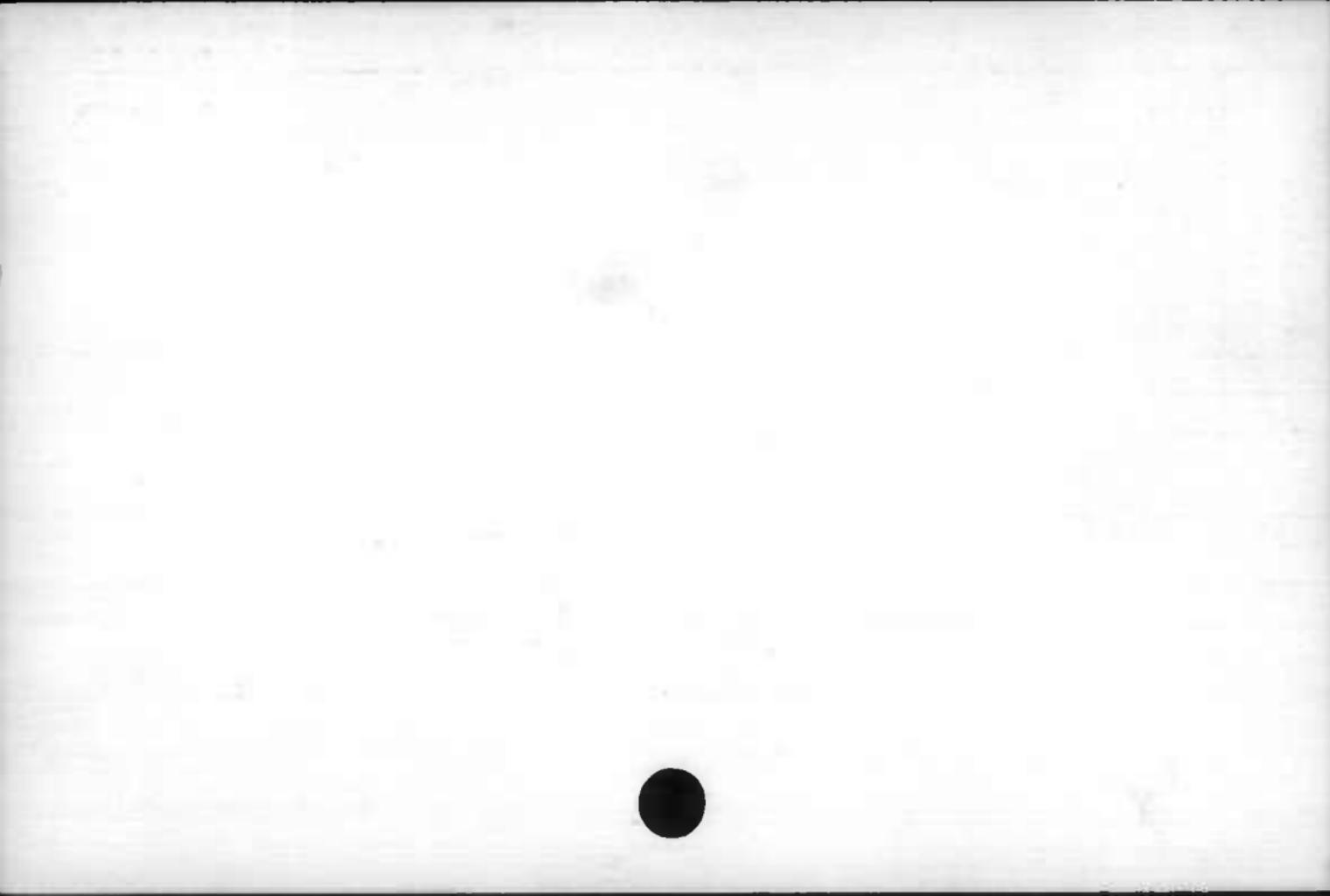
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Emily Lewis	
Father's Name	Alfred Lewis		
Mother's Maiden Name	Elizabeth Dorohos		
Name of person giving information	John A. Lewis		
CAUSES OF DEATH			
Primary	Gas trac disease		
Immediata	asthma		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	103
		Address	How long
		M. W. Gaedebourough	
		Cambridge	
J		2 weeks	
		10 days	

Accident or Suicide



Name
in
Full

Alvin Marine -

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Birth-place	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	—	
Father's Name	Geo J Marine	Father's Birthplace	Not
Mother's Maiden Name	Ida Lawrence	Mother's Birthplace	Not
Name of person giving information	Ida Spear.	How related to deceased	Mother

CAUSES OF DEATH

27

How long

1 yr

How long

Immediate.

Primary

Pulmonary Tuberculosis

Immediate

Heart failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

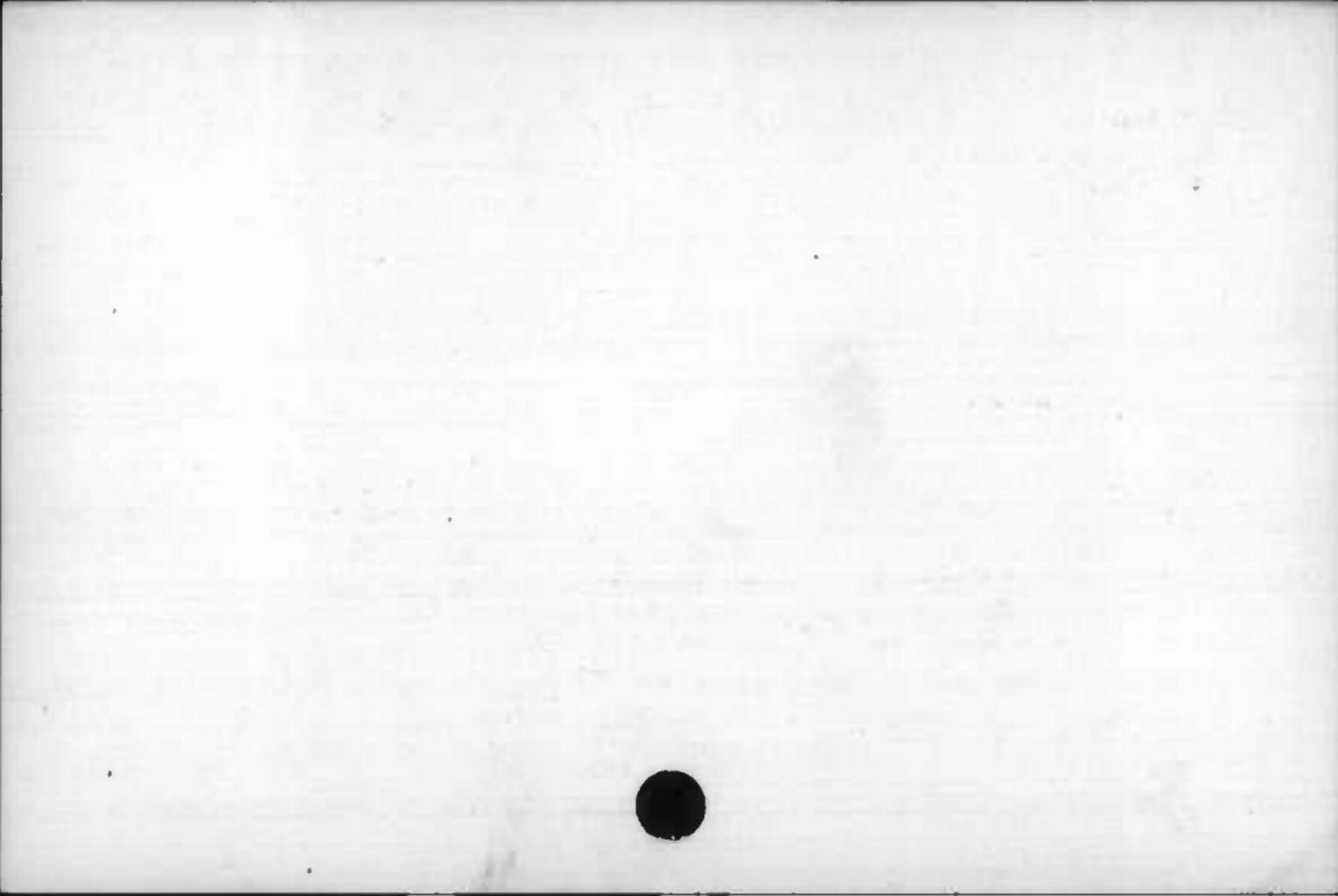
B H Black.

J

Address

Vienna Md

Accident or Suicide?



Name
in
Full

Illa Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND			
Died at Cambridge	Dorchester				
Date of death 1909	Month Feb	Day 27	Years 38	Months -	Days -
Sex Female	Color or Race White	Birth-place Maryland			
Occupation House wife	Where Residing if not at place of death Cambridge Md				
Married, Single or Widowed Married	Name of Wife or Husband J. Edward Marshall				
Father's Name Lewis Lewings	Father's Birthplace Maryland				
Mother's Maiden Name Elizabeth Placum	Mother's Birthplace Maryland				
Name of person giving Information J. Edward Marshall	How related to deceased Husband				

CAUSES OF DEATH

136

Primary

Confinement (Detached Placenta)

How long

5 hrs.

Immediate

Embolus

How long

1/2 hour

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

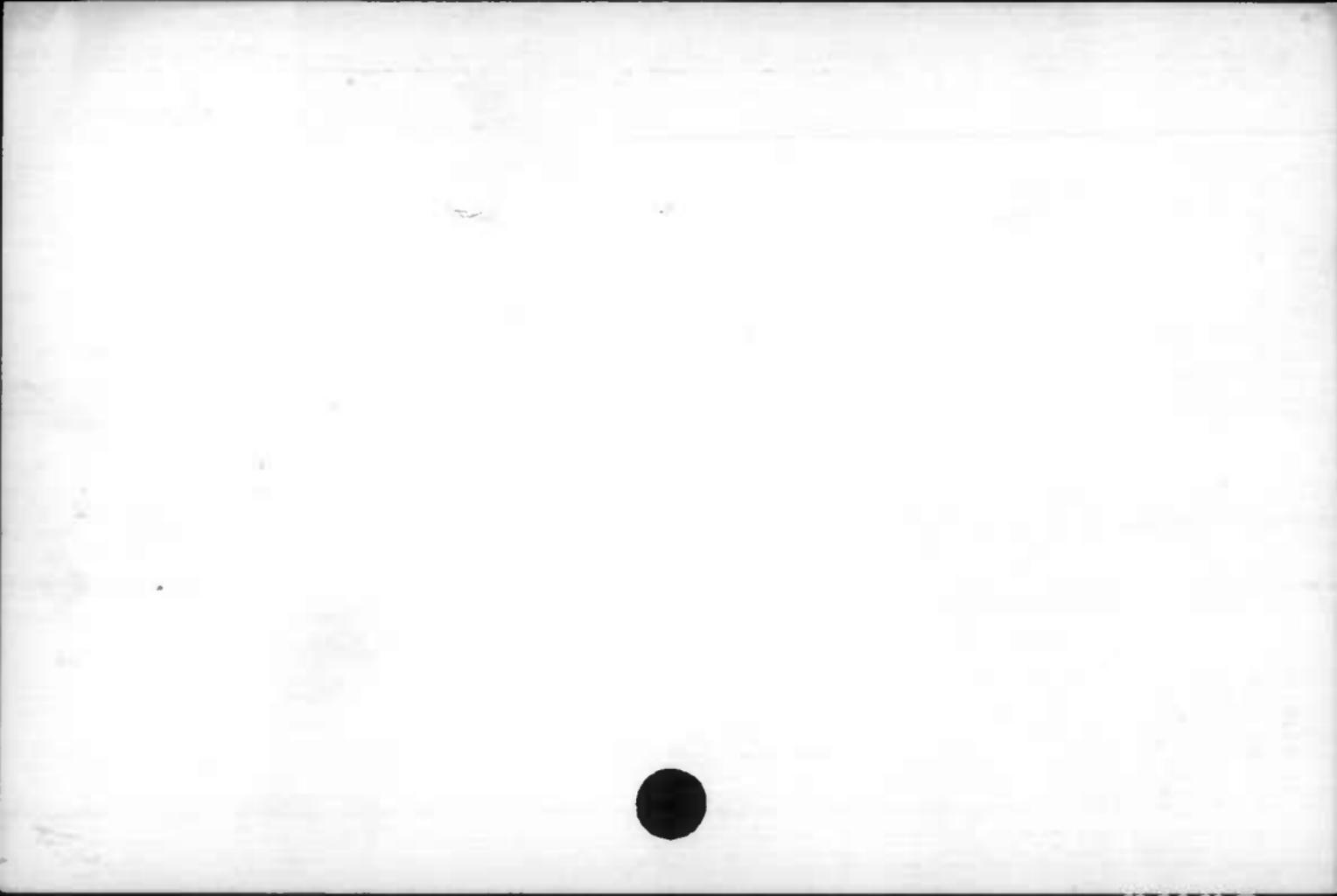
J

Accident or Suicide

Signature of Physician

Address

E.W. Wolff
Cambridge, Md.



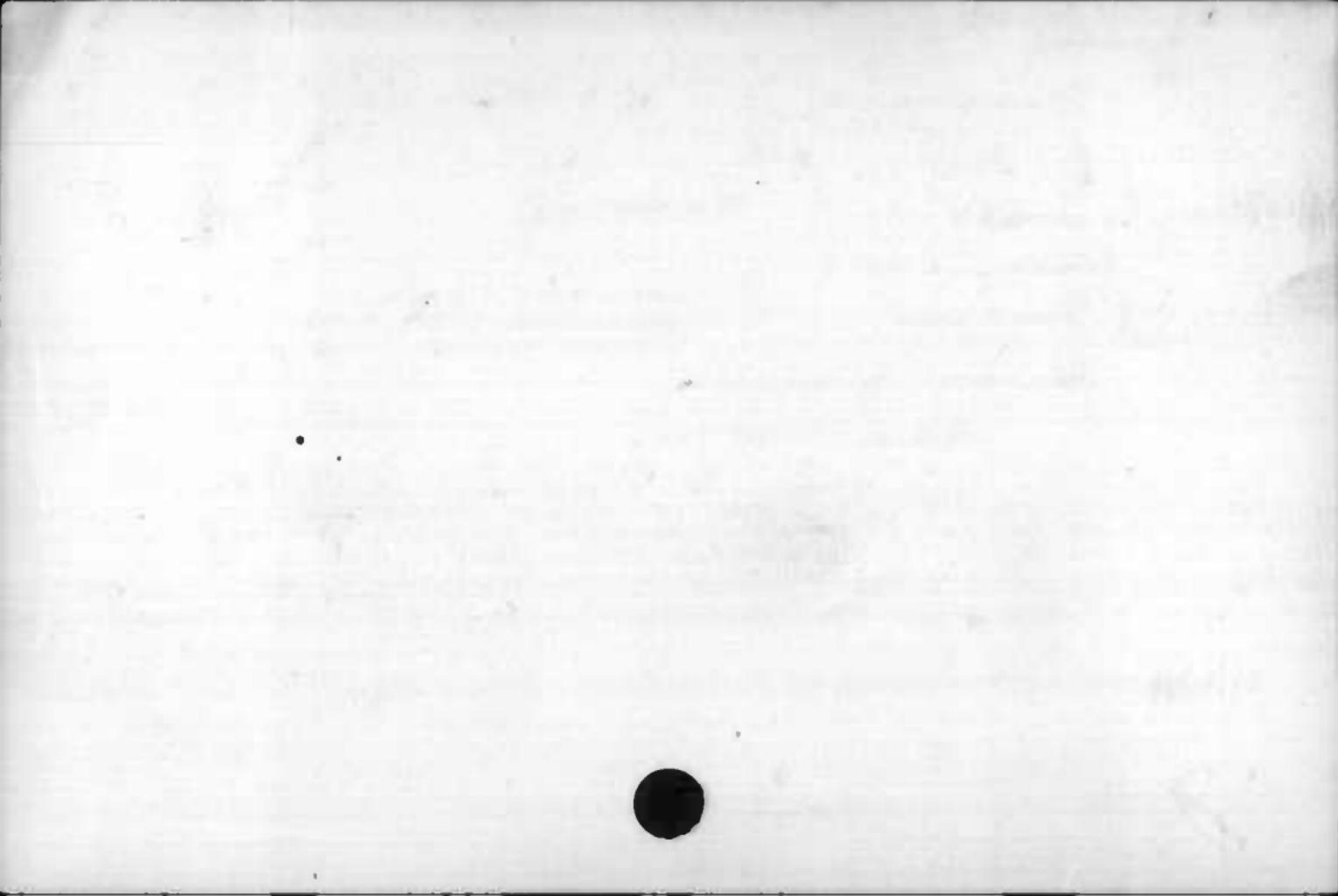
Name
in
Full

Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Banbridge	Ostcheste			
Date of death	Month	Day	Years	Months	Days
1909	2	27	Still-born	—	—
Sex	Female	Color or Race	white	Birth-place	Md
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Joseph Edwin Marshall			Father's Birthplace	Md
Mother's Maiden Name	Ella Slacum			Mother's Birthplace	Md
Name of person giving information	J. Edwin Marshall			How related to deceased	Father
CAUSES OF DEATH					
Primary	Separation of Placenta (post)			How long	8
immediate	Asphyxia			How long	5 hrs post partum
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	S. Elwolff	
Yrs			Address	Banbridge, Md.	
Accident or Suicide?					



Name
in
Full

Mollie Martin -

CERTIFICATE OF DEATH

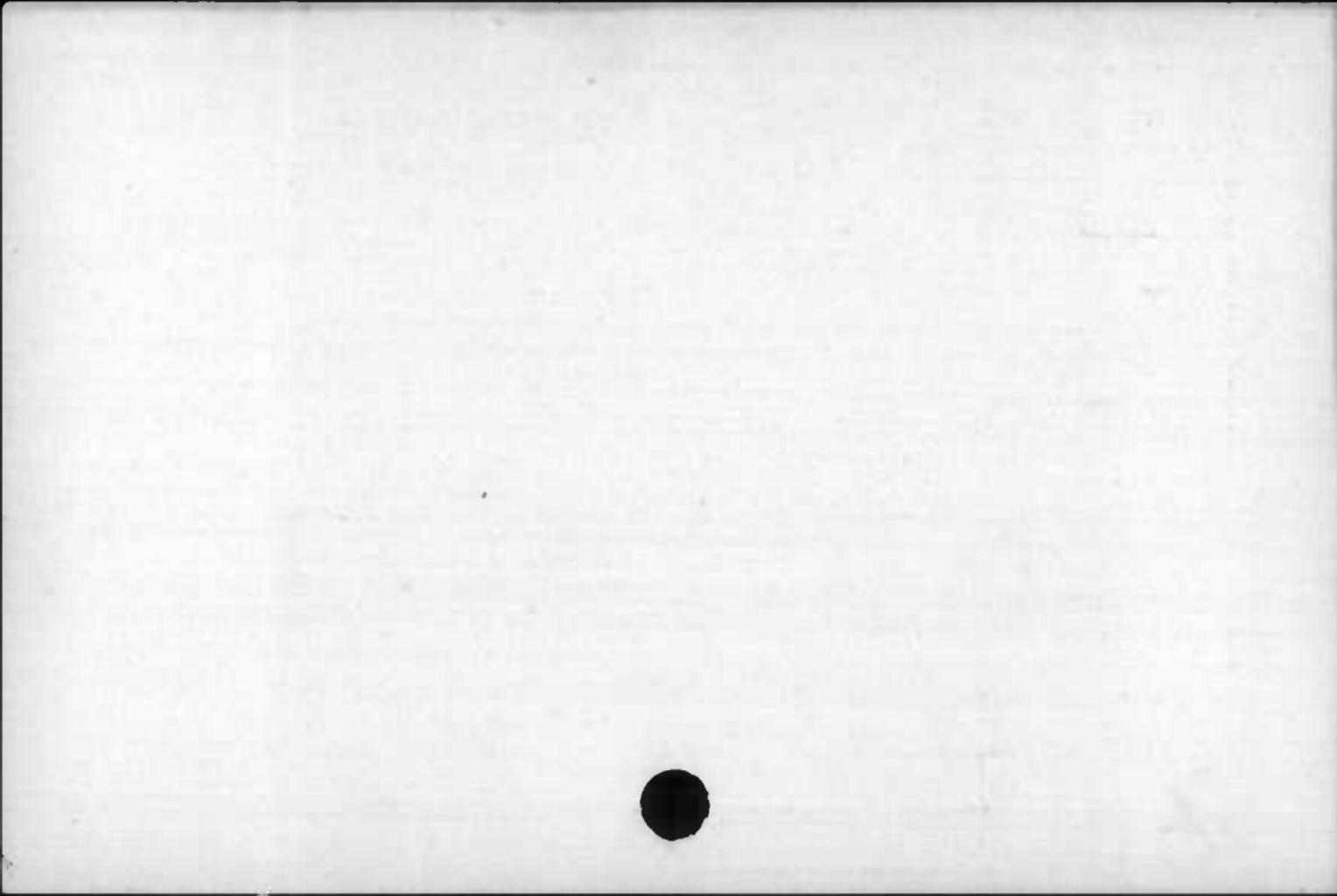
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	45	-	-
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Lewis H Martin -			
Father's Name	Henry Jones.	Father's Birthplace	Md.		
Mother's Maiden Name	Lorraine.	Mother's Birthplace	Md.		
Name of person giving information	Lewis H Martin	How related to deceased	Husband.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart Disease	How long	Unknown
Immediate	Cardiac Paralysis.	How long	arouse.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	D. H. Bland.
		Address	Vienna Md
J			
Accident or Suicide?			



Name
in
Full

Maggie K. Moler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Cambridge	Dorchester			MARYLAND	
Date of death 1909 Feb.	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age 44		7	18
Occupation Teacher	Where Residing if not at place of death Cambridge "				
Married, Single or Widowed Single	Name of Wife or Husband				
Father's Name James E. Moler	Father's Birthplace Virginia				
Mother's Maiden Name Elizabeth Rephart	Mother's Birthplace "				
Name of person giving Information Ella Moler	How related to deceased Sister				

CAUSES OF DEATH

20

Primary Infected Wound off face

How long 7 days

Immediate Gen. Streptococcus infection

How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above ?

Yrs

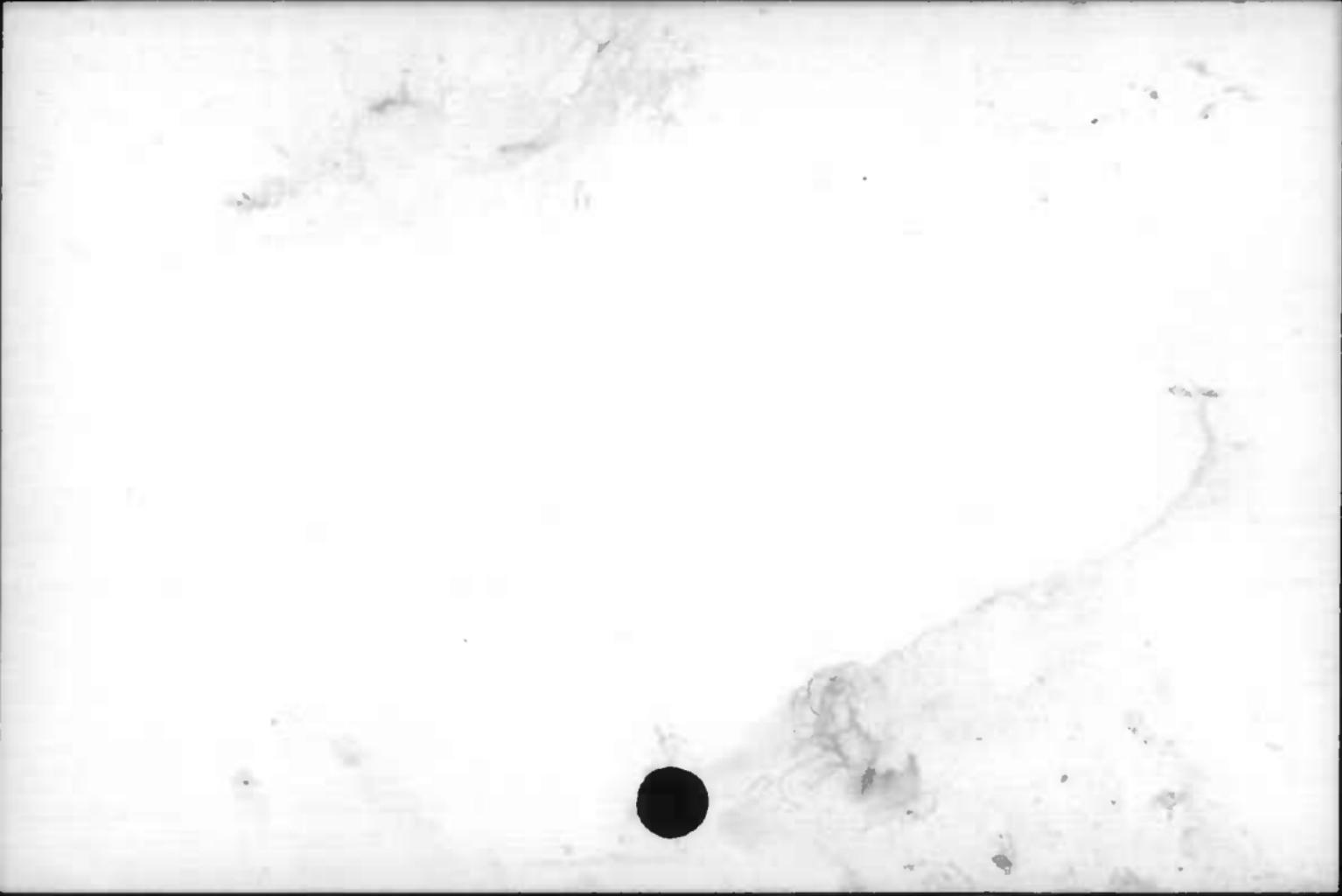
Signature of Physician

Address

Henry Stull
Cambridge Md.

J

Accident or Suicide



Name
in
Full

Ezrahine Neel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Cambidge	Dorchester Co.		
Date of death	Month	Day	Years Months Days
1909	Feb	17	Age 60
Sex	Color or Race	Birth-place	
Female	Black	Fishing Creek	
Occupation	Where Residing if not et place of death		
Labor	Cambidge		
Married, Single or Widowed	Name of Wife or Husband		
Married	Peter Neel		
Father's Name		Father's Birthplace	Ballo-
Livin Martin			
Mother's Maiden Name	Book Kno	Mother's Birthplace	Book-Kno
Name of person giving Information	Mary E Johnson	How related to deceased	sister

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis-Pneumonia

120

How long

2 weeks

Immediate

Heart Failure

How long

seat

Are the name, age, sex, color, date
and place correctly given above?

yes

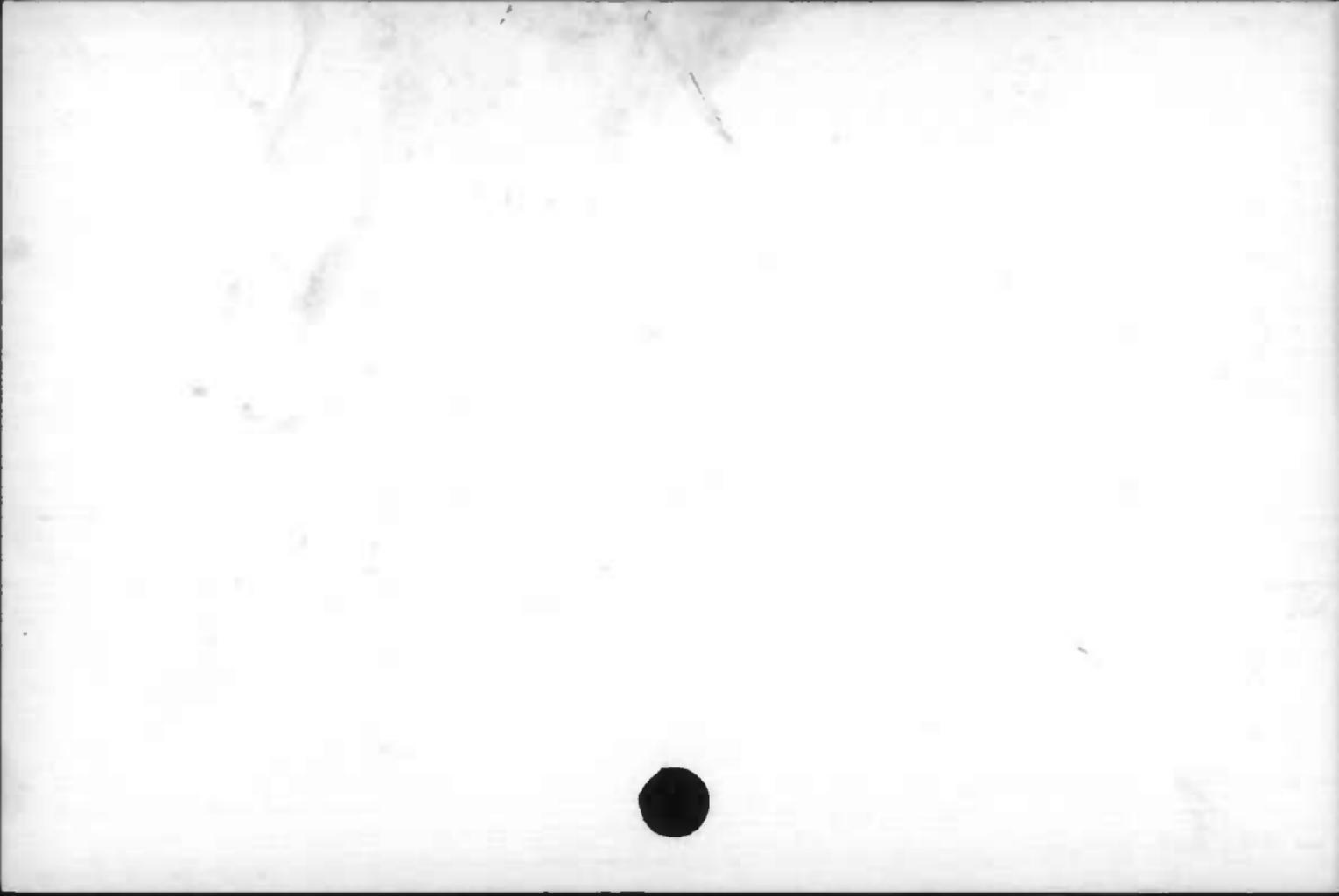
Signature of
Physician

Address

E.E. Waff

Cambidge, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Payne

Bachelder

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	P Payne	Father's Birthplace	Md	
Mother's Maiden Name	Rosa Ellis	Mother's Birthplace	Md	
Name of person giving Information	P Payne	How related to deceased	Father	

CAUSES OF DEATH

13.2

Primary: Hemorrhage from umbilical cord
How long: —
Immediate: How long: —

Are the name, age, sex, color, date and place correctly given above?

J

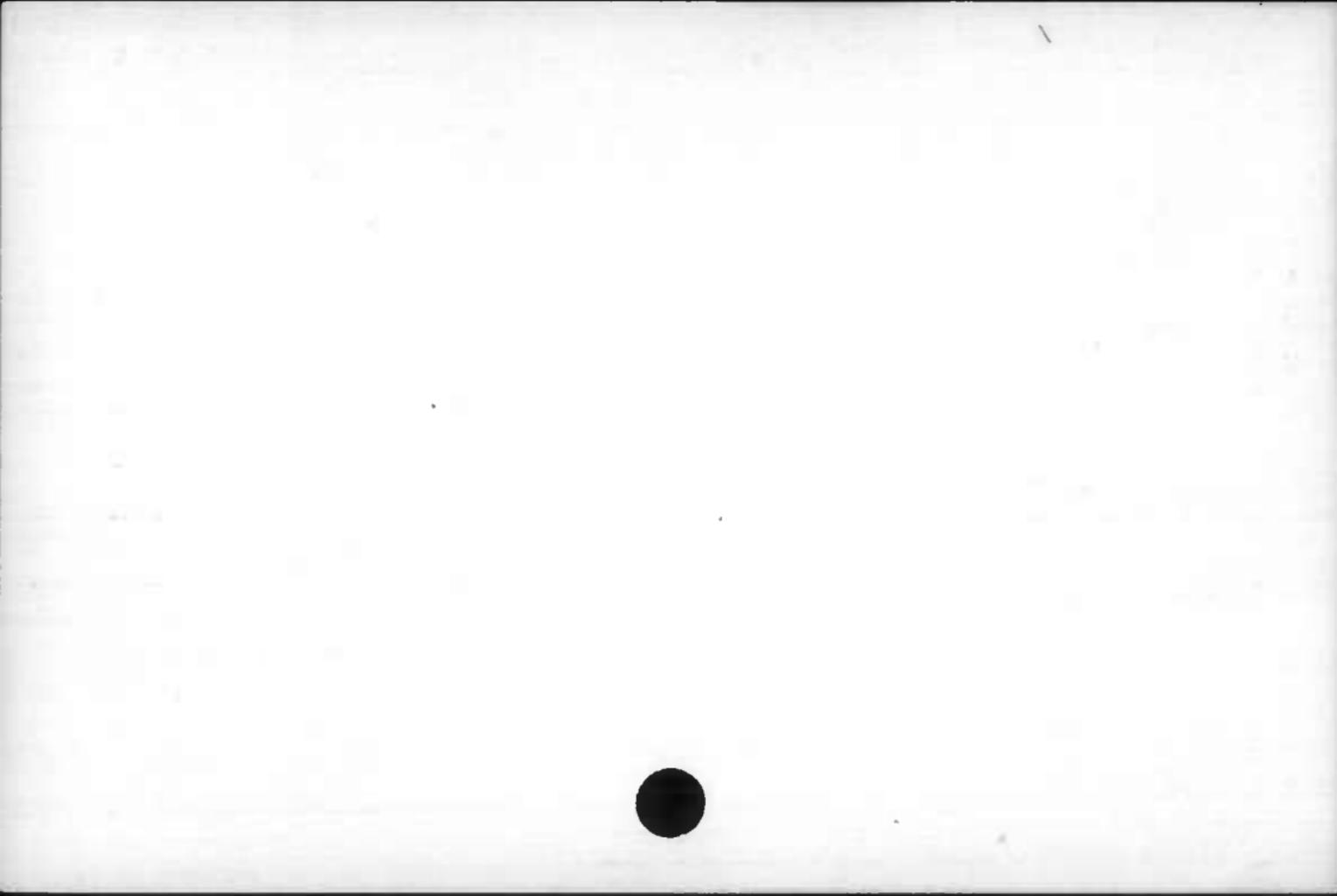
yes

Signature of Physician

Address

S. A. Stokes
Comersville
Md

Accident or Suicide



Name
in
Full

Mary Pridor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town <i>Coalminers</i>	County <i>Dorchester</i>	MARYLAND		
Date of death	Month <i>1909</i>	Day <i>2</i>	Years <i>18</i>	Months	Days
Sex	Female	Color or Race <i>colored</i>	Birth-place <i>Dorchester</i>		
Occupation	Where Residing if not at place of death <i>Housewife</i>				
Married, Single or Widowed	Name of Wife or Husband <i>George Polley</i>				
Father's Name	Father's Birthplace <i>Dorchester</i>				
Mother's Maiden Name	Mother's Birthplace <i>Nellie Polley</i>				
Name of person giving Information	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

114

How long

PHYSICIAN
OR CORONER

Primary

Hypertrophy of Liver

Immediate

Paralysis.

How long

several days

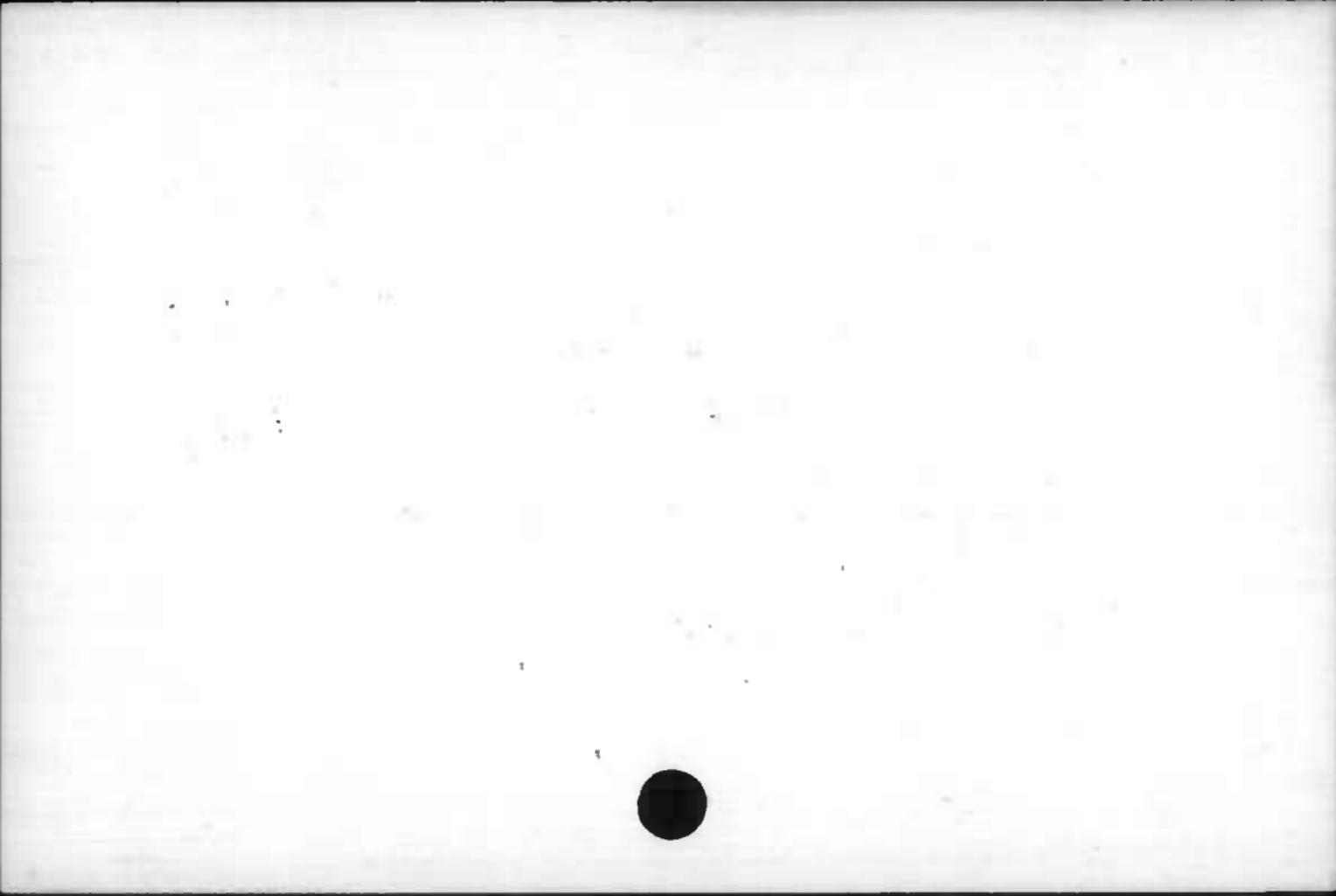
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

H. L. Nichols M.D.
E. Jr. Market, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John M. Reshaw

Town

Cambridge

County

Dorchester

CERTIFICATE OF DEATH

MARYLAND

Died at

Cambridge

Date
of death

Month

Day

Years

Months

Days

1909

Feb

11

Age

8

3

Sex

Male

Color or
Race

caucasian

Birth-
place

Cambridge

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

M. J. Reshaw

Father's
Birthplace

Germany

Mother's
Maiden Name

Julia Adams

Mother's
Birthplace

Deals Island
Somerset Co.

Name of person giving
Information

M. J. Reshaw

How related
to deceased

Father

CAUSES OF DEATH

Primary

Broncho-Pneumonia

92

How long

3 or days -

Immediate

Exhaustion

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes.

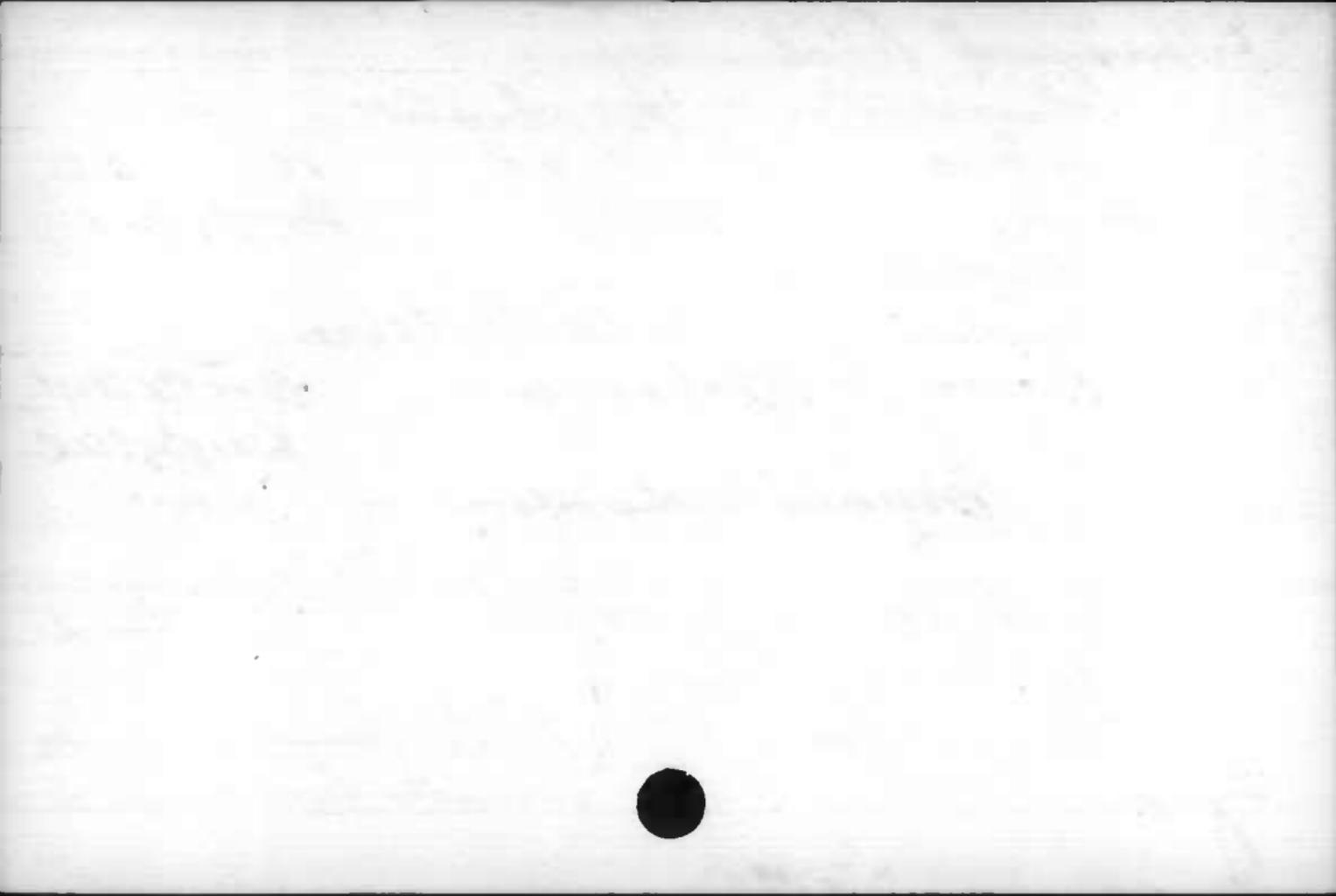
Signature of
Physician

Dr. Gola Borrough

Address

Cambridge Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Howard Richardson

CERTIFICATE OF DEATH

Died at	Town	Church Creek	County	Dorchester		
Date of death	Month	Feb.	Day	8 th	Years	45
Sex	Male	Color or Race	White	Birth-place	Dor. Co. Md.	
Occupation	Undertaker			Where Residing if not at place of death	—	
Married, Single or Widowed	married	Name of Wife or Husband	Ada L. Airey			
Father's Name	Levi F. Richardson			Father's Birthplace	Dor. Co. Md.	
Mother's Maiden Name	Hester E. Richardson			Mother's Birthplace	Dor. Co. Md	
Name of person giving Information	Donald Richardson			How related to deceased	Son	

CAUSES OF DEATH

64

How long

a few hours

How long

PHYSICIAN
OR CORONER

Primary

Central Hemorrhage

Immediate

died during Convalescence

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. L. Smithwick

Address

Church Creek, Md.



Accident or Suicide?



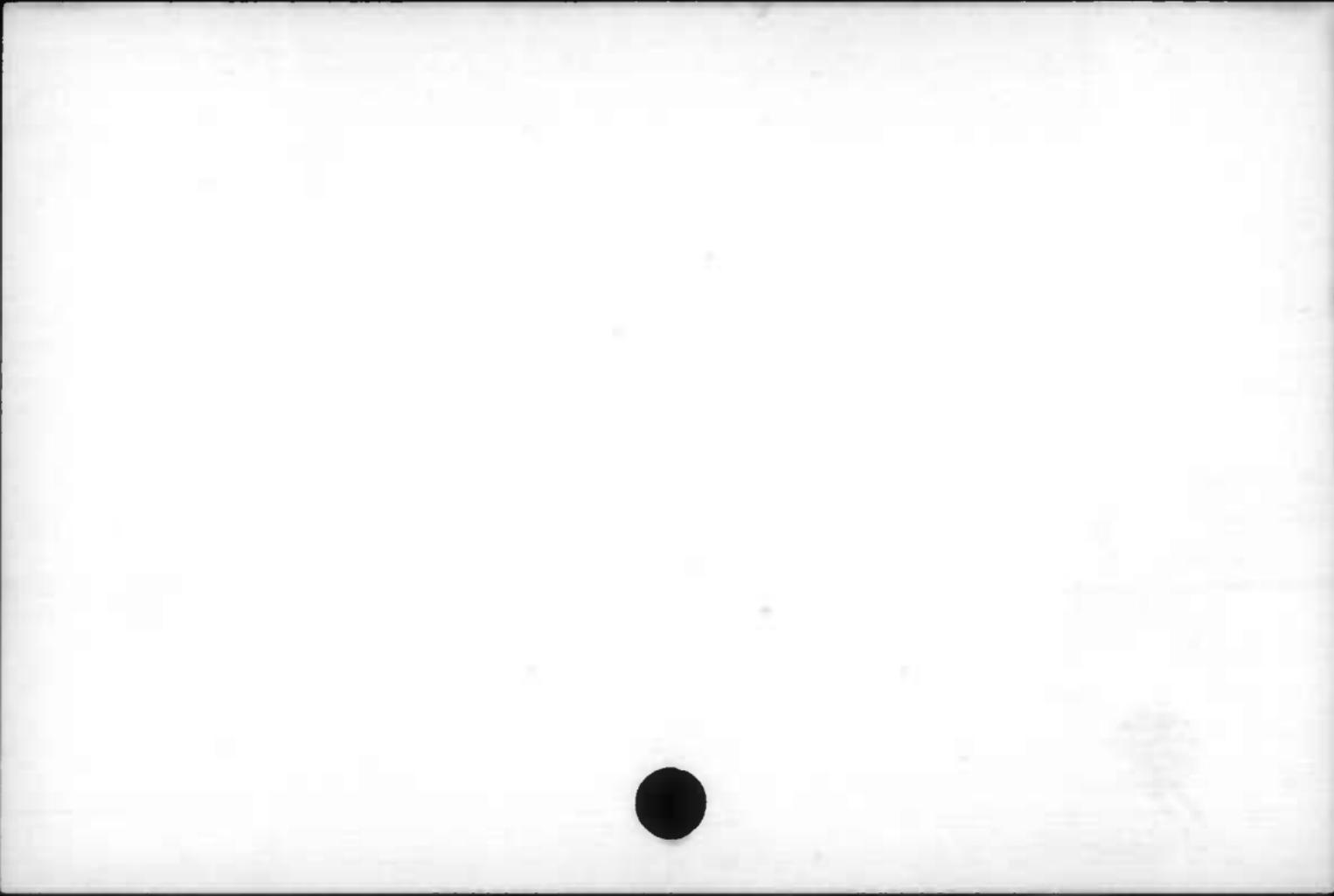
Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND
Date of death 1909	Month Feb	Day 5	Years 70
Sex Male	Color or Race White	Birth-place Maryland	Months —
Occupation None	Where Residing if not at place of death Cambridge Md	Days —	
Married, Single or Widowed Widower	Name of Wife or Husband Eveline Sherman	Father's Birthplace Maryland	
Father's Name Wm A. Sherman	Mother's Birthplace ..		
Mother's Maiden Name Eveline Newton	How related to deceased Daughter		
Name of person giving Information James W. Sherman			
CAUSES OF DEATH			
Primary	93 How long		
Secondary	How long		
Immediate			
Are the name, age, sex, color, date and place correctly given above ?		Signature of Physician	
J		Address	
Accident or Suicide		W. Physicians Germantown Justice of the Peace	

PHYSICIAN
OR CORONER



Name
in
Full

John Trull

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

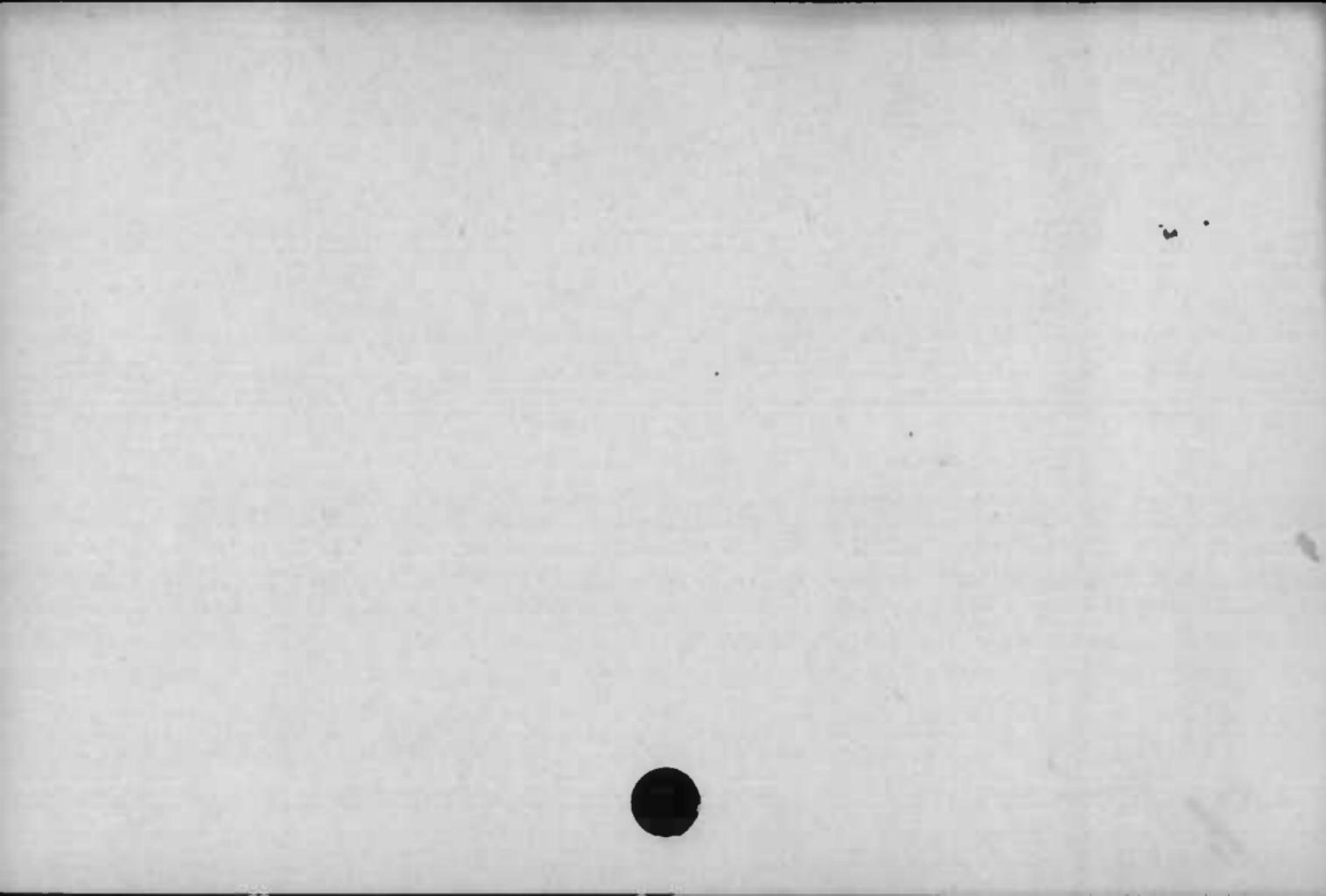
Died at	Cambridge	Town	Dorchester	County	MARYLAND		
Date of death	1909	Month	July	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Delaware		
Occupation	—	Where Residing if not at place of death	Cambridge Hospital				
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Harvey L. Trull	Father's Birthplace	Delaware				
Mother's Maiden Name	Minnie Morris	Mother's Birthplace	Delaware				
Name of person giving information	Mr Harvey L. Trull	How related to deceased	Son				

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	General peritonitis with appendicitis	How long	several days
Immediate	Exhaustion	How long	some hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	P.W. Goldsmith
		Address	Cambridge Mass
X			
Accident or Suicide?			



Name
in
Full

Infant Tyler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Fishing Creek,	Dorchester,		
Date of death	Month	Day	Years
1909 February 1st.			Age 0
Sex	Color or Race	Birth-place	Months Days
Female	White	Dorchester, Co.	0 6 hours
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Father's Birthplace		
Frederick Tyler,	Dorchester, Co.		
Mother's Maiden Name	Mother's Birthplace		
Amy K. Parker,	Dorchester, Co.		
Name of person giving Information	How related to deceased		
Mrs. Amy K. Tyler,	mother		

CAUSES OF DEATH

176

Primary Cause: Breach Presentation, Difficult Labor, 24 hours,

Immediate Cause: Fluid in Lungs, How long
Respiration weak, Asphyxia, 5 or 6 hours.

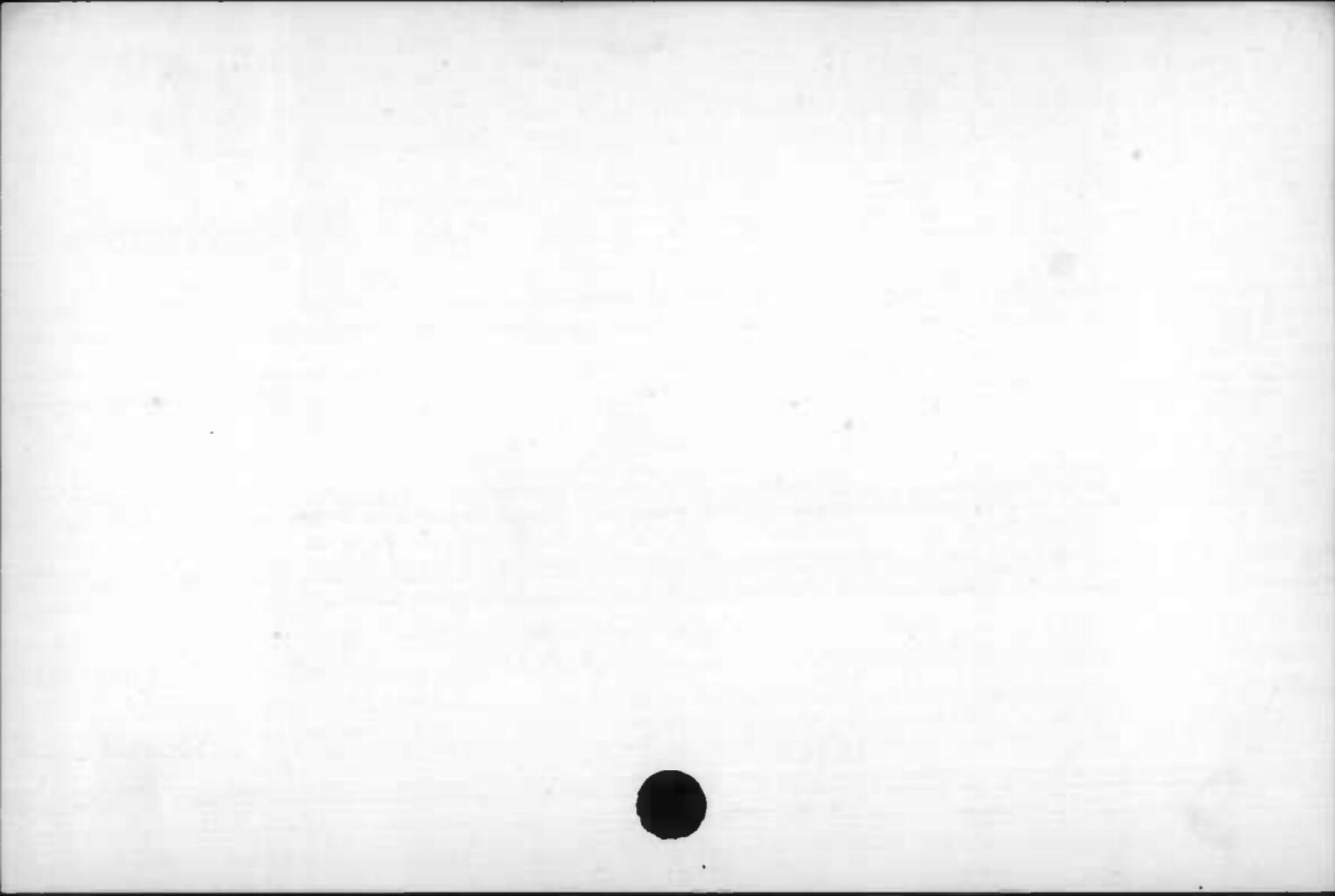
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician

Address

Fishing Creek, Md.

Accident or Suicide?



Name
in
Full

Mary E. Warren

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town	Dorchester			County	
Died at	Baltimore	Month	Feb.	Day	5
Date of death	1909	Month	Feb.	Year	54
Sex	Female	Color or Race	White	Montha	3
Occupation	Housewife			Birth-place	Delaware
Married, Single or Widowed	Married	Name of Wife or Husband	Whare Reading if not at place of death Cambridge		
Father's Name	Lewis K. Warren			Father's Birthplace	Delaware
Mother's Maiden Name	Harriet Williams			Mothar's Birthplace	Delawan
Name of person giving Information	Lewis K. Warren			How related to deceased	Husband

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Chronic Nephritis

1/2 year

Immediate

Respiratory & Heart failure

How long
24 hours.

Are the name, age, sex, color, date and place correctly given above?

Yes

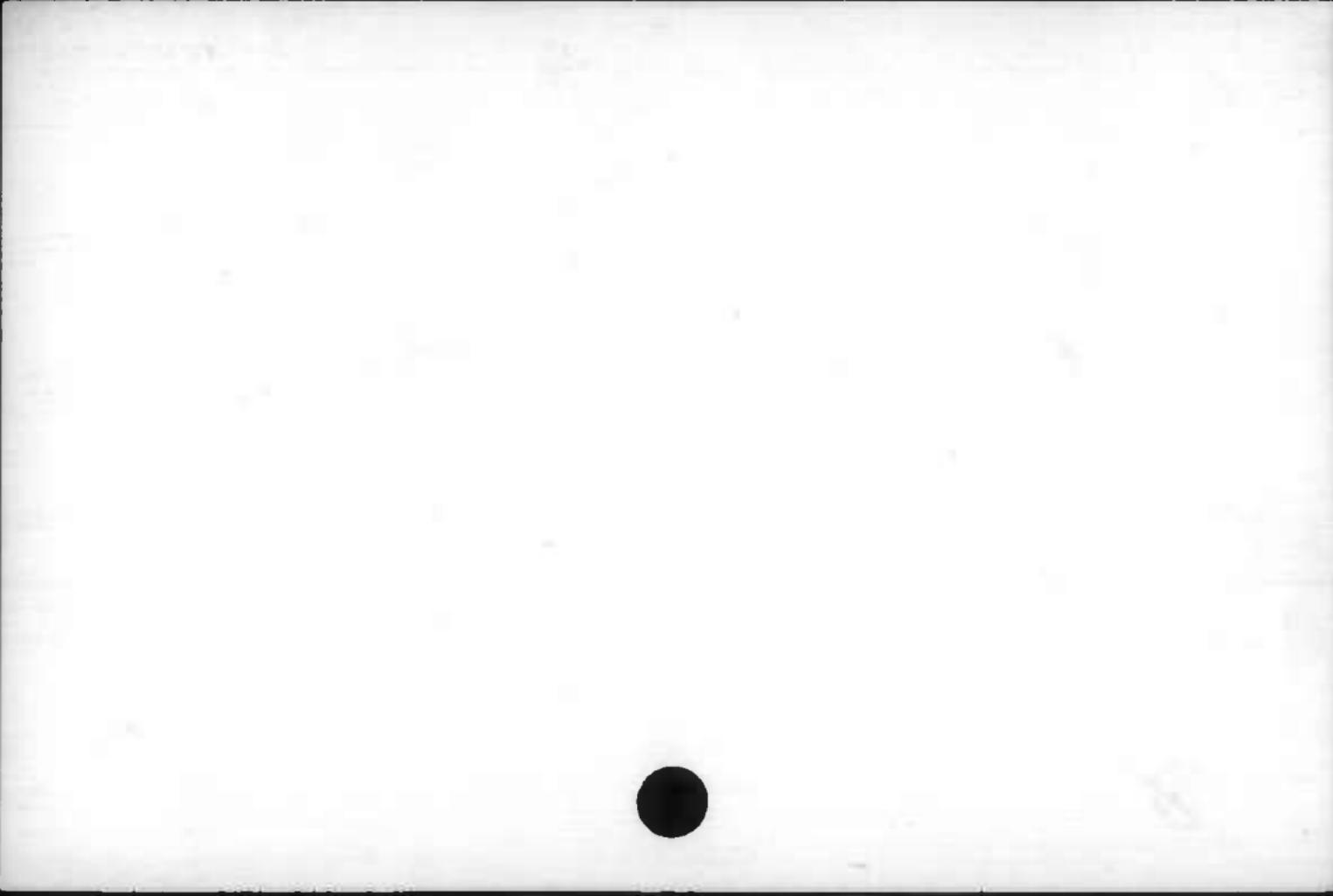
Signature of Physician

Address

Dr Chas. M. Gandy
Cambridge
Md

J

Accident or Suicide



Name
in
Full

Sarah E. Wheatley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Cambridge			County	Dorchester		
Died at	Date of death	Month	Day	Age	Years	Months	Days
	1909	2	21	16		8	18
Sex	Female	Color or Race	Blk	Birth-place	Md.		
Occupation	Child	Where Residing if not at place of death			—		
Married, Single or Widowed	Single	Name of Wife or Husband	—			Father's Birthplace	Md.
Father's Name	John W. Wheatley			Mother's Birthplace	Md.		
Mother's Maiden Name	Annie J. Webb			Name of person giving information	How related to deceased		
	John W. Wheatley			John W. Wheatley	Father		

CAUSES OF DEATH

1

How long

6 weeks

How long

A few moments

PHYSICIAN
OR CORONER

Primary

Typhoid (Pneumonia)

Immediate

Heart Failure

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

E. E. Wolff

Address

Cambridge, Md.

Accident or Suicide?

